

Stigma – Barriers to Asian American family support for children's mental health

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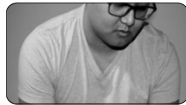
Asian American Mental Health Training Conference
October 10, 2019

Overview

- Theoretical Models of Mental Health Services Help-Seeking
–Data on Asian Americans
- Barriers to Asian American Children's Mental Health Services Use:
Evidence for the role of parental stigma barriers
- Understanding and Addressing Stigma Barriers in School-based
mental health
- Stigma Reduction efforts in the Community
- Interactive Discussion

The Centrality of Parental Stigma in Mental Health Services Utilization among Asian American Children

Help-seeking as socially and structurally embedded in Asian American families and communities



"I kind of got gypped in the support department," "It's all in your head," "That's just how things are" and "You have to deal with it."

Daryll Ymbang, Filipino,
social anxiety disorder



"I didn't want to go to school and I didn't vocalize that because I knew the reaction I would get ... they just didn't understand where I was coming from," "Compared to what I've had to do, it's nothing."

May Nguyen, Chinese-Vietnamese, depression

Evidence for Underutilization of MHS by Asian Americans

Indirect evidence

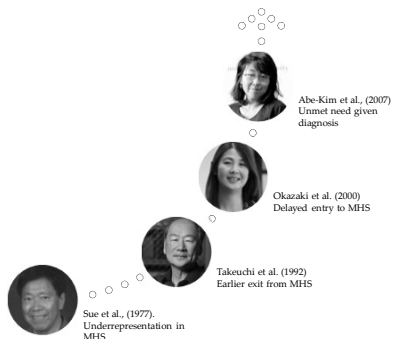
- Severity of illness in treated samples
- Delay in seeking treatment

More direct evidence

- Estimates of mental health need
- Help-seeking among AAs with mental disorders in the community

Disparities in Treatment Receipt

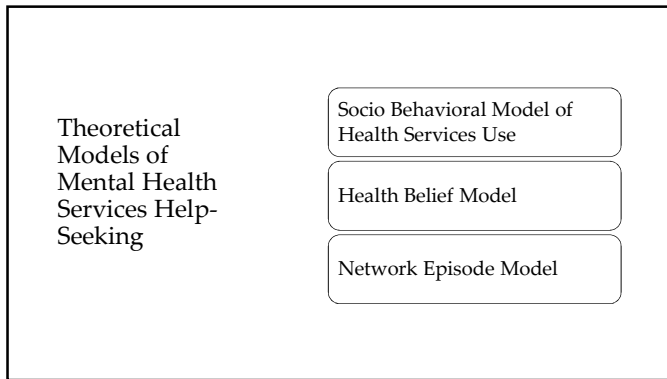
From strong inference to direct evidence that Asian Americans are less likely than other groups to receive needed mental health services.

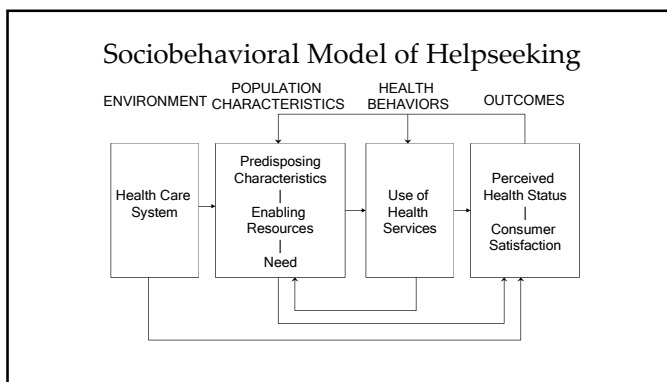


Disparities in Treatment for AA youth

Better differentiated evidence about REASONS for underutilization of care for AA youth.









Structural Factors

School based MHS aim to reduce access barriers to care which can thereby alleviate disparities


But disparities persist



Racial disparities are reduced in schools versus clinics for depressed, delinquent and suicidal youth

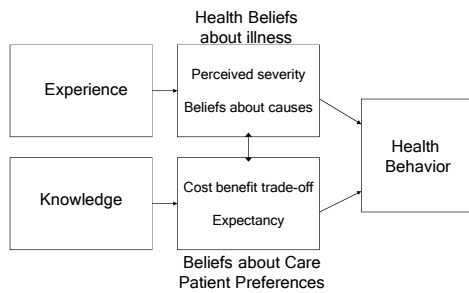


But Latinx and Asian American students are still less likely to access school MH services compared to Whites



Internalizing MH problems most likely to go undetected in schools, particularly among ethnic minority students

Health Belief Model



Parental Beliefs about the Causes of MH Problems



Yeh et al., 2005

- Parents beliefs about the causes of child MH problems may explain lower service use among AA children in need.
- Biopsychosocial causes predict MH service use (Trauma, Biological causes), but sociological and other causes (societal prejudice, American culture) predict no service use
- This partially accounted for lower service use among Asian American and Latino kids compared to White kids.
- However, effects were small.

Limitations of the HBM and SBM for Mental Health

Individuals deciding whether to use services:

- Make an assessment of their own health profile
- Evaluate the options available to them
- Weigh the costs and benefits of treatment

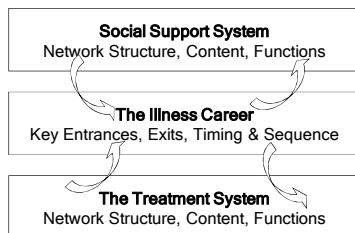
Model Assumptions:

- Rational decisions
- Voluntary choices
- Individual agency

Network-Episode Model of Helpseeking

- Socially embedded model
- Mental illness focused
 - Questionable capacity for rational choice
 - Often not voluntarily seeking services
 - Family, schools, police, other institutional agents
- Illness career
 - Patterns and pathways of care
 - Strongly influenced by family or friends or agents
 - Trigger events leading to entrances and exits

Network-Episode Model Pescosolido & Boyer, 1999



AA Family stigma and untreated psychosis



- Okazaki (2000)
 - Investigated treatment delay among 40 AAs with SMI (psychosis)
 - Delay: 1 to 168 months to receipt of medication, 55% within 6 months
 - NEM: illness career, social network (family) role in help-seeking pathways
 - Measures: treatment delay, patient and family member acculturation & stigma

Patient's acculturation ($r = -.05$) and stigma attitudes ($r = .07$) not related to delay

Relative's acculturation ($r = -.04$) not related to delay

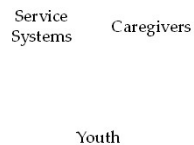
Relative's stigma attitudes positively related to delay ($r = .40, p < .01$)

Conclusions

- Underutilization of MHS is a major problem among Asian Americans with significant mental health need.
- This may be situated within both structural access barriers AND interpersonal processes in families and communities
- Solutions cannot be individual but must be systemic AND community partnered, and addressing individuals in social networks

Asian American Children's Mental Health Structural and Social Factors in Unmet Needs

Explaining Treatment Disparities for Asian American Students



School-based Mental Health Care

AA students have comparable or greater levels of mental health need.

Yet are 5x (or 69x) less likely to be referred by adult gatekeepers to MHS in schools



Gateway To Success
ALHAMBRA
UNITED SCHOOL DISTRICT

Building the Gateway to Success: An Appraisal of Progress in Reaching Underserved Families and Reducing Racial Disparities in School-Based Mental Health

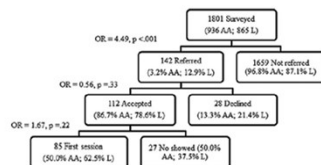
Laurel Bear and Rosalie Finer
Alhambra Unified School District

Siti Guo and Anna S. Lam
University of California, Los Angeles

Figure 1. Design features of Gateway to Success to promote reach of school-based mental health services.

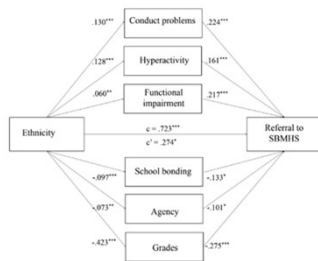
Asian American Disparities in School Based MH Services

- Guo et al., 2014
 - School based mental health services are intended to reduce barriers to children's mental health care.
 - But Asian American students may still be at risk of underdetection and undertreatment of mental health need



Springer

Mediators of Disparity in AA Student Referral

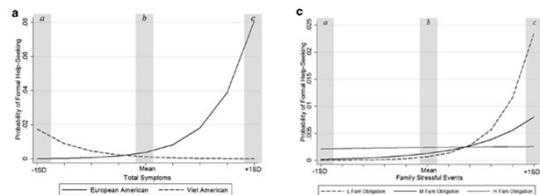


Note: Estimates are standardized. Ethnicity was dummy coded such that 0 = Asian Americans and 1 = Latinos.
* $p < .05$, ** $p < .01$, *** $p < .001$

Asian American Parent Factors

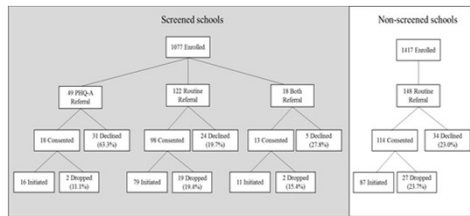
- STIGMA:** • Heritage cultural values shape stigma related concerns that deter treatment seeking (Lau & Takeuchi, 2001)
- PARENTING:** • More likely to teach their children to down-regulate expression of distress (Louie, Oh & Lau, 2013)
- MENTAL HEALTH LITERACY:** • Difficulty recognizing internalizing symptoms, especially when less acculturated (Fung & Lau, 2010)
- BELIEF:** • Less likely to conceptualize child behavior problems as being caused by factors targeted in mental health care (Yeh et al., 2005)

Ethnic and Cultural Disparities in AA Student Help-seeking



Guo et al., 2015 *J Couns Psych*

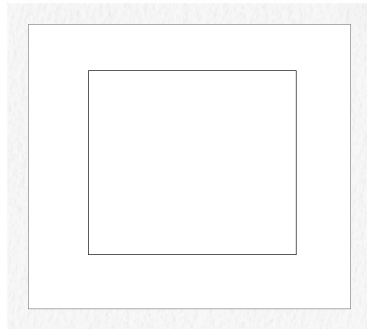
Can Universal Screening Reduce Disparities in School Mental Health Referrals and Care?



- Screening marginally reduced disparate rates of referral.
- But no impact on disparities in utilization of care
- Screening-triggered referrals < routine referrals in linking kids to care

Guo et al., 2017 JCCAP

Asian American Student Help-seeking and Internalized Mental Health Stigma



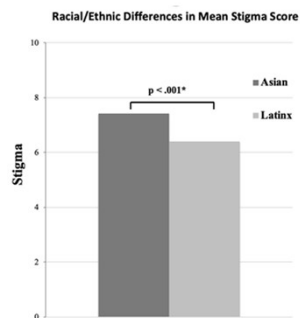
2018-19 MH Climate Survey

N=2172
Spring survey in randomly selected classes reaching 25% of students in 4th-12th grade

Asian-American: 63.12%
Latinx: 36.88%

Female: 45.72%
Male: 51.10%
Prefer not to say: 3.18%

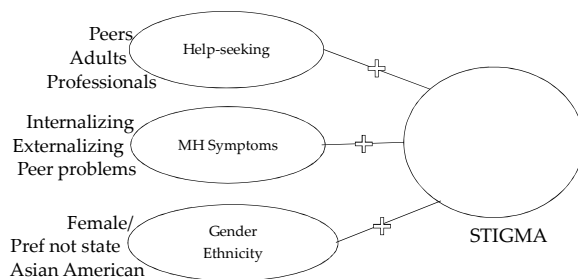
Immigrant Family:
78.50% (N=1,705)



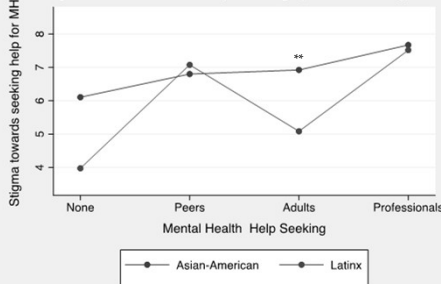
Research Question

- Is there a relationship between help-seeking or referral to school-based MHS and students internalized stigma?
 - Concern about what my family might think, say, do or feel.
 - Feeling embarrassed or ashamed.
 - Concern that I might be seen as 'crazy'.

Predictors of Student Internalized MH Stigma barriers

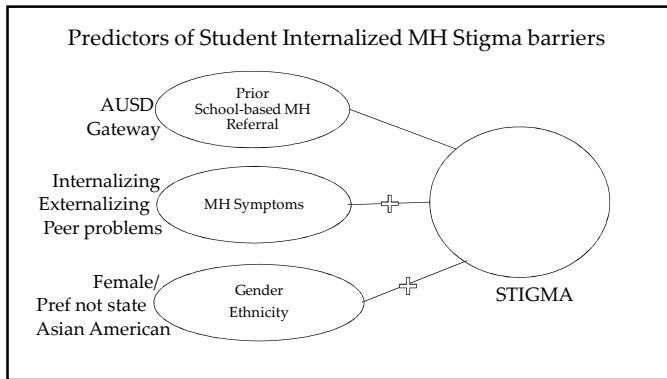


Stigma & Mental Health Help-Seeking by Race/Ethnicity



Talking to caring adults may be stigma attenuating for Latinx students but not so for Asian American students

*p<.05, **p<.01





National Data on High School Students

CDC, 2019 High School Youth Risk Survey

| Death rates for suicide: ages 15 - 19, 2017 | | | |
|---|----------------|--------------------|---|
| | Asian American | Non-Hispanic White | Asian American / Non-Hispanic White Ratio |
| Male | 11.6 | 22.0 | 0.5 |
| Female | 5.2 | 5.8 | 0.9 |
| Total | 8.4 | 14.1 | 0.6 |

| Suicidal ideation among students in grades 9-12, 2017 Percent of students who seriously considered suicide | | | |
|---|----------------|--------------------|---|
| | Asian American | Non-Hispanic White | Asian American / Non-Hispanic White Ratio |
| Men | 17.0 | 13.0 | 1.3 |
| Women | 17.8 | 21.2 | 0.8 |
| Total | 17.4 | 17.3 | 1.0 |

| Suicidal ideation among students in grades 9-12, 2017 Percent of students who attempted suicide | | | |
|--|----------------|--------------------|---|
| | Asian American | Non-Hispanic White | Asian American / Non-Hispanic White Ratio |
| Men | 2.7 | 4.6 | 0.6 |
| Women | 8.4 | 7.3 | 1.2 |
| Total | 5.7 | 6.1 | 0.9 |

Risk Assessment and Referral protocol in AUD



Assessment



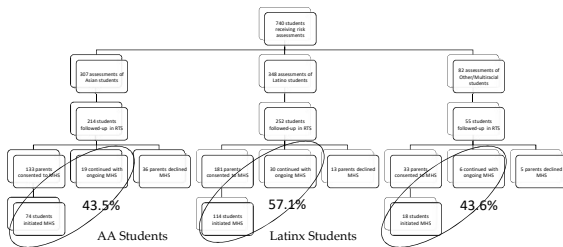
Crisis Intervention
and Acute Care



Referral/Linkage to
Services

National Action Alliance for Suicide Prevention's Zero Suicide Model recommendations
Predates AB2246

MHS utilization after School-based Suicide Risk Assessment



Kim et al., in press



Qualitative themes: Assessment

Clarity and Ease of Protocol

Staff expressions of confidence in procedure

Family Perceptions of Exclusion

Student and parent feelings of disappointment and frustration breed mistrust

Low Thresholds for Determination of Imminent Risk

Students and parents expressed views that individual and family circumstances may not adequately be accounted for

Intrusive Nature of Search Procedures

Stakeholders across groups expressed bag, locker and body searches perceived as intrusive/invasive

Positive Outcomes of Risk Detection

Stakeholders across groups noted students/families feel helped and supported by assessment procedures



Qualitative themes: Crisis intervention

Traumatic Experiences

- Stakeholders across groups perceive ambulance transports to be traumatic
- Stakeholders across groups view involvement of police in transport procedures as traumatic
- Students and parents describe feeling fearful and worried throughout crisis intervention procedures

Procedures Perceived as Disciplinary

- Student worries that school calls to crisis mobile response team suggests they are "in trouble"
- Student and parent likening of ER and hospitalization processes to feeling like "prisoners"

System Level Concerns

- Stakeholders across groups express long wait times for county crisis mobile response team



Qualitative themes: Referral/Linkage to Care

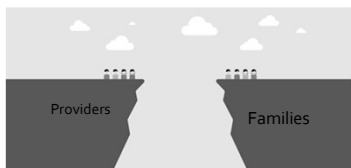
Perceived Barriers to Follow Up Care

- Stigma/Shame
- Lack of Perceived Need
- Cost
- Cultural Factors
- Geographic/Transportation Barriers

Perceived Facilitators to Follow Up Care

- School-Community Partnerships
- Provision of Services in Schools

The problem:



- Need to reduce risk and ensure safety
- Liability
- Procedural concerns
- Feel traumatized and dehumanized
- Excluded and removed
- Mistrust of system

Future Directions

- Adaptation of Family Intervention for Suicide Prevention (Asarnow et al., 2011) for school-based implementation
- Qualitative study with school and community stakeholders supported by the SAMHSA funded Duke-UCLA ASAP Center

Lowering Stigma Barriers through School-based Preventive Interventions



Translational Research: Preventive intervention targets for AA students

Stress Exposure

- Academic stress was common
- But Interpersonal stress shaped by immigrant family processes were proximal

Mental Health Concerns

- Internalizing problems were elevated among Vietnamese American teens compared to NHW teens

Coping with Stress

- Emotion regulation often characterized by Emotion suppression among AA teens

Nguyen et al., 2018

Tsai et al., 2016 *JACP*

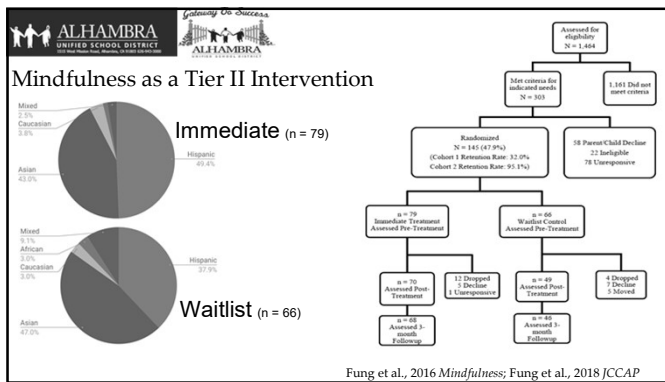
Journal of Abnormal Child Psychology (2019) 47:1–19
<https://doi.org/10.1007/s10802-018-0425-7>



A Randomized Trial Evaluating School-Based Mindfulness Intervention for Ethnic Minority Youth: Exploring Mediators and Moderators of Intervention Effects

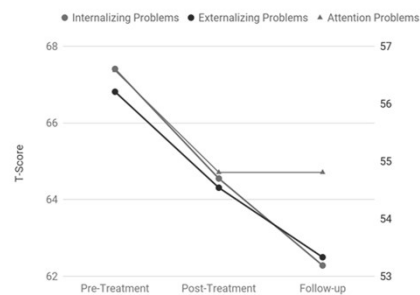
Joey Fung¹ · Joanna J. Kim² · Joel Jin¹ · Grace Chen¹ · Laurel Bear³ · Anna S. Lau²

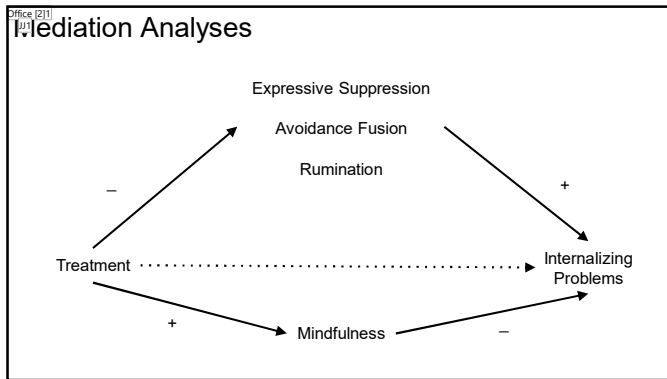
Published online: 13 April 2018
 © Springer Science+Business Media, LLC, part of Springer Nature 2018



Fung et al., 2016 *Mindfulness*; Fung et al., 2018 *JCCAP*

Mindfulness Intervention Outcomes





Mindfulness as School-based Prevention

- MBSR reduces anxiety and depression Asian American and Latinx youth, robust across groups
- Effect sizes in the “medium” range, maintained at follow-up, larger than developer-led trials
- Effects mediated via emotion regulation (↓ suppression), even among youth from interdependent cultures
- Good fit with schools - scalable, intended for classroom delivery by non-clinicians

Prevention and Strengths based Focus

Acceptance and buy-in have increased at schools.

As of 2019-2020, we testing as Tier 1 Universal Prevention Program

Learning 2 Breathe

Gateway to Success, UCLA, and Fuller are offering a 12-week enrichment program to 9th grade students to support students' health and academic attainment.

It is completely free of charge!

The program is held conveniently on campus during regular school hours.

Who might benefit from Learning 2 Breathe?

Students who are...

- Highly motivated
- Have experienced stress or worry
- Are happy and healthy and want to build skills to stay that way


For more information, please contact:
dlawrence@fuller.edu
 626.338.3354

Office [2]1 I'm not sure why this slide is different from the next. Are they both for perceived stress or is one for Internalizing. Was mindfulness significant for one but not the other?

Microsoft Office User, 10/4/2017

JJ1 Sorry, this is Internalizing and the following is Stress. Mindfulness only mediated for Internalizing Problems

Joel, 10/4/2017




Risk Factor Research:
To inform intervention targets for AA youth



| Stress Exposure | Mental Health Concerns | Coping with Stress |
|---|--|--|
| <ul style="list-style-type: none"> Academic stress was common But Interpersonal stress shaped by immigrant family processes were proximal | <ul style="list-style-type: none"> Internalizing problems were elevated among Vietnamese American teens compared to NHW teens | <ul style="list-style-type: none"> Emotion regulation often characterized by Emotion suppression and avoidance among AA teens |


Nguyen et al., 2018

Tsai et al., 2016 *JACP*



School-based prevention to reduce risk of Internalizing Problems through the following goals:

| | |
|---|---|
|  <p>1) Decrease levels of interpersonal stress through Interpersonal Therapy – Adolescent Skills Training</p> |  <p>2) Increase positive emotion regulation strategies through Mindfulness Based Stress Reduction</p> |
|---|---|



School-based prevention to reduce risk of Internalizing Problems through the following goals:

Journal of Clinical Child & Adolescent Psychology, 0000, 1-17, 2019
Copyright © Society of Clinical Child & Adolescent Psychology
ISSN: 1537-4416 print/1537-4424 online
DOI: <https://doi.org/10.1080/15374416.2019.1639514>

Routledge
Taylor & Francis Group

[Check for updates](#)

Effects of Preference on Outcomes of Preventive Interventions among Ethnically Diverse Adolescents At-Risk of Depression

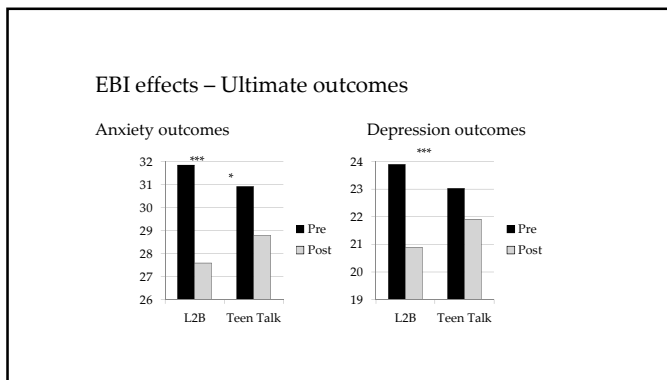
Anna S. Lau and Joanna J. Kim
Department of Psychology, University of California, Los Angeles

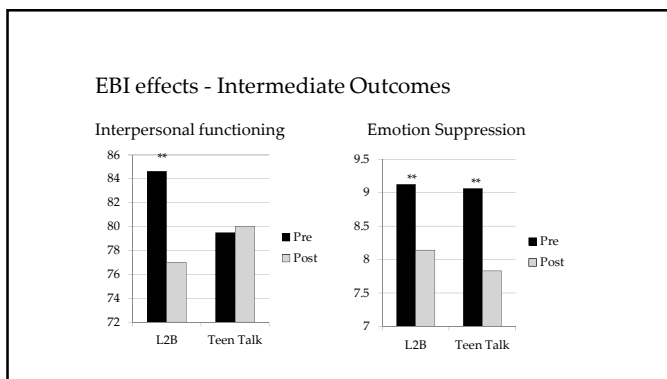
Dien Julie Nguyen
Department of Psychology, University of Minnesota

Hannah T. Nguyen
Department of Human Services, California State University, Dominguez Hills

Tamar Kodish
Department of Psychology, University of California, Los Angeles

Bahr Weiss
Department of Psychology and Human Development, Vanderbilt University





Findings

☐ Receiving a preferred EBP or matching EBP to risk factors were not linked to greater improvement or engagement.

☐ Receipt of L2B, and baseline preference for L2B were associated with greater improvements

Conclusions

Underutilization of MHS is a major problem among Asian American youth with significant mental health need.

This is situated within both access barriers AND interpersonal processes in families and communities that relate to STIGMA

Schools are at the center of efforts to de-stigmatize mental health care for AA youth

Stigma is a deterrent in intervention and post-vention in schools, robust prevention efforts must be supported

Solutions cannot be individual but must be systemic AND community partnered, and cannot be focused just on what happens in when families arrive MHS

Evidence-based Stigma Reduction Community Interventions

Types of Stigma

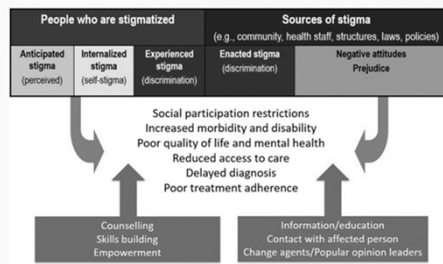


Fig. 1
An assessment and intervention model of health-related stigma (model modified from Weiss [3])

What interventions are generally effective based on reviews and meta-analyses?

Corrigan et al. (2012); Gronhelm et al. (2017); Janouskova et al. (2017); Mehta et al. (2015); Mittal et al. (2012); Rao et al. (2019); Tsang et al. (2016); Yamaguchi et al. (2013)

| Intervention | For Stigma Type |
|---|---|
| Education (e.g., psychoeducation, workshops, groups) | Internalized Stigma, Self-Stigma, Prejudice/Negative Attitudes, Public Stigma |
| Social Contact | Prejudice/Negative Attitudes |
| Video Contact | Prejudice/Negative Attitudes, Public Stigma |
| Mass Media Campaigns | Prejudice/Negative Attitudes, Public Stigma |

Education & Contact Interventions are Most Common

Education

California Mental Health Services Authority (CalMHSA)

EFFORTS ARE WORKING

It is one goal of the CalMHSA Strategic Plan to ensure that California people have more access to rights and more support and resources to live and work with dignity. We are working to ensure that people who are living with mental health conditions have the support and resources they need to live and work with dignity.

+1.5 MILLION

More Inclusion

More than 1.5 million Californians in 15 counties are now receiving services and support through the state's mental health system.

3.8 MILLION

More Momentum

More than 3.8 million Californians in 15 counties are now receiving services and support through the state's mental health system.

+600,000

More Support

More than 600,000 Californians in 15 counties are now receiving services and support through the state's mental health system.

It is clear that the methods used by the CalMHSA and its partners have the potential to lead to the best of every Californian.

Contact

REDEMPTION

Watch Lana Condor and Awkwafina Get Real About Anxiety in These New Videos

Meta-analytic Findings on Effectiveness Corrigan et al., (2015)

Overall, both education and contact had positive effects on reducing stigma for adults and adolescents with a mental illness.

However, contact was better than education at reducing stigma for adults. *For adolescents, the opposite pattern was found: education was more effective.*

Overall, face-to-face contact was more effective than contact by video.

How have interventions been culturally tailored for Asian Americans?

Han, Cao & Anton (2014); Rith-Najarian et al. (2019); Shin & Lukens (2002); Teng & Friedman (2008); Woo (2012); Zheung, Chung & Woo (2016)

Community-Based

- Churches
- Via ethnic-specific radio, newspapers
- Family-to-Family/Peer approaches

Content

- Address/combat traditional disease concepts
- Cultural examples

Branding/Presentation

- "Happiness Challenge"/"ReBoot Camp"
- Translation
- Portraits of Success

Addressing Stigma in Community Mental Health: *Interactive Discussion*

How do we get Asian American families in the treatment room?

How do we keep them in the room?

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Blanche Wright, UCLA