

II. Introduction

Scope and Purpose of This Study

Asian American Mental Health: A Post-September 11th Needs Assessment represents the first broad-scale research project to examine the post-September 11th mental health status and needs of Asian Americans in the New York City area. Designed to provide critical information and guide service planning, this report illuminates the emotional impact of the tragedy on Asian Americans, analyzes their ongoing psychological needs, gauges how well these needs have been met, and pinpoints service gaps. The ultimate product of this research effort is a set of recommendations aimed at making mental health care more available, germane, and helpful to community members who have been experiencing negative emotional reactions after September 11th.

This assessment highlights the post-September 11th experiences and needs of two major groups within the Asian American community: 1) family members of World Trade Center (WTC) victims of Asian descent, and 2) vulnerable populations in economically devastated Chinatown: specifically, children, the elderly and unemployed workers. At the time the research was conducted, there were no in-depth, qualitative studies conducted on the mental health of victims' family members. And, little research attention has been paid to September 11th-related mental health effects on particular ethnic groups or neighborhoods. The Federation launched this study to fill a void in September 11th research, as well as to probe needs suggested by circumstances and characteristics that make these Asian American populations especially vulnerable.

Studies of the General Population

The multifaceted aftermath of the September 11th tragedy continues to unfold. While physical reconstruction and economic rebuilding move forward, research shows that individuals and families across the New York metropolitan area are still struggling to reassemble their lives.

Several research projects have recorded significant mental health repercussions among New Yorkers as a whole, as well as among population subsets. For example:

- In the year following September 11th, studies focused on the World Trade Center attacks documented an increase in mental health problems among children and adults throughout New York City².
- The New York Academy of Medicine (NYAM) found that 13% of Manhattan residents showed symptoms of post-traumatic stress disorder (PTSD) after September 11th. Subsequent NYAM surveys revealed that more than 90,000 New Yorkers continued to experience chronic PTSD symptoms, such as flashbacks, nightmares and social withdrawal³.

² Galea, *et al.*, 2002; Applied Research and Consulting, *et al.*, 2002.

³ Galea, *et al.*, 2002.

- The New York City Board of Education concluded from a study that roughly 200,000 of the 712,000 public-school students in Grades 4 through 12, or more than one-quarter of these students, were candidates for mental health intervention⁴.
- In another study, 61% of adult participants living in New York City-area households with children indicated that September 11th events had upset at least one of those children⁵.

Related Information on Asian Americans

Census statistics point to the substantial and rapidly growing representation of Asian Americans in New York City. According to Census 2000, people of Asian origin comprise nearly 11% of city residents. And, a 71% surge in Asian American New Yorkers' numbers from 1990 to 2000⁶ made them the city's fastest-growing racial group in the last decade.

The large number of World Trade Center victims of Asian descent also lends credence to studying the emotional consequences of September 11th for their survivors. Of the 2,743⁷ people who died as a result of the WTC attacks, 184⁸ individuals, or 6.7% of the victim population, were Asian. Furthermore, four Asian countries – India, Japan, China and the Philippines, in descending order – are listed in the top ten countries of victims' origin⁹. Population data, ethnicity of World Trade Center victims, and knowledge of Asian Americans based on other research offer solid evidence to warrant an in-depth evaluation of the emotional toll of the tragedy on New York-area Asian Americans.

The pervasiveness of the impact necessitates psychological help for impacted individuals. However, while research shows that Asian Americans report higher levels of some common mental health issues, such as depression, they also seek emotional help less frequently. Social and cultural explanations for Asian American underutilization of psychiatric services include shame and stigma associated with personal problems, reliance on family for help, misconceptions about counseling, availability of alternatives to traditional counseling, linguistic barriers, and a shortage of culturally sensitive professionals¹⁰. These factors do not indicate a lack of need for services among Asian Americans, because this population experiences serious mental health issues¹¹. Rather, these aspects illustrate unique barriers to service use.

Asian American students actually display higher rates of psychiatric symptoms than European American students, with higher levels of reported depression and social anxiety¹². Asian Americans who do use services tend to have severe mental health disorders¹³. Asian Americans also are more likely than European Americans to prematurely end psychotherapy¹⁴. Studies have demonstrated that compared with European Americans, Asian Americans use mental health services less¹⁵ and generally are less likely to disclose emotional and interpersonal problems¹⁶.

⁴ Applied Research and Consulting, *et. al.* 2002.

⁵ Schlenger, *et. al.*, 2002.

⁶ This is using the Asian In-Combination tabulation. When compared to the Asians Alone category with 1990 Asian numbers, the population increased by 54%.

⁷ New York City Department of Health and Mental Hygiene, March 2003

⁸ In January 2003, the Federation compiled a list of all known deceased WTC victims of Asian descent using reports from the New York City Department of Health and victims' profiles from the following websites: *The New York Times*, *CNN*, *MSNBC*, and www.september11victims.com.

⁹ Lipton, 2002.

¹⁰ Loo, *et al.*, 1989; Morrissey, 1997; Root, 1985; Tsai, *et al.*, 1980.

¹¹ Gim, *et al.*, 1990; Solberg, *et al.*, 1994; Tracey, *et al.*, 1986; Ying & Miller, 1992.

¹² Okazaki, 1997.

¹³ Sue, 2002.

¹⁴ Zane, *et al.*, 1994; O'Sullivan, *et al.*, 1989.

¹⁵ Atkinson, *et al.*, 1995; Matsuoka, *et al.*, 1997; Sue, *et al.*, 1991.

¹⁶ Tracey, *et al.*, 1986.

Special Circumstances in Chinatown

A closer look at the Asian American population in New York City reveals Chinatown as an area in particular need of formal mental health care, based largely on geographic and economic characteristics.

Studies indicate that the incidence of PTSD symptoms increases with residential proximity to the World Trade Center site¹⁷. Chinatown's location alone, less than 10 blocks from Ground Zero, heightens mental health risks for its residents – especially children, elderly, and workers who lost their jobs as a result of September 11th. According to one study, children living south of Canal Street were four times more likely to have witnessed the World Trade Center attacks than children in other areas of the city¹⁸.

Chinatown's unprecedented levels of business closures and job losses in the aftermath of September 11th also exacerbate its population's susceptibility to emotional trauma¹⁹. Psychologists often see mental health problems, such as depression and feelings of hopelessness, spiraling from unemployment²⁰. In a recent study, researchers found that people who attributed their job losses or wage reductions to September 11th were likely to identify a need for mental health support²¹.

Despite these added vulnerabilities, little has been documented on Chinatown's specific mental health needs in the wake of September 11th. Many key studies, such as those by the NYAM, Columbia University, and the American Red Cross of Greater New York, have focused on New York City's or Manhattan's entire population and have underrepresented or not included Chinatown. For example, the NYAM conducted its telephone survey of Manhattan residents solely in English and Spanish, thereby overlooking the needs of Chinatown residents, many of whom require Chinese-speaking interpreters or interviewers. Other research projects have investigated the needs of at-risk groups but have not included Chinatown in their study populations²².

However, the experiences of three Asian American service agencies provide some insight into post-September 11th mental health needs and service usage among Asian American New Yorkers. Asian Americans for Equality (AAFE), a community-based organization, found that from May 3, 2002 to August 26, 2002, 82% of Asian American individuals who sought social services reported anxiety or sadness²³. The Chinatown-based Charles B. Wang Community Health Center observed that emotional-distress levels among its clients remained high five months after the disaster²⁴. In addition, the Mental Health Association of New York City's Asian LifeNet found that Asian Americans were particularly hesitant and slow in seeking post-September 11th emotional counseling, compared with other ethnic groups²⁵.

In response to such findings, Asian American services, including Asian LifeNet, the Mental Health Bridge Program at Charles B. Wang Community Health Center, and community-based Project Liberty partners, mobilized as conduits to mental health resources. Yet, even with these efforts, cultural, social and systemic barriers have created difficulties in assessing, measuring and serving New York-area Asian Americans.

¹⁷ Galea, *et al.*, 2002; American Red Cross of Greater New York, 2002.

¹⁸ Belden, *et al.*, 2002.

¹⁹ Asian American Federation of New York, April 2002; Asian American Federation of New York, November 2002.

²⁰ Duenwald, 2002.

²¹ Urban Justice Center, 2002.

²² New York City Department of Health, 2001; McKinsey & Co., 2002; Urban Justice Center, 2002.

²³ Asian Americans for Equality, 2002.

²⁴ Chen, *et al.*, 2002.

²⁵ *World Journal*, September 2002.

Against this knowledge and service backdrop, the Federation sought to learn more and to share the products of its research with community and government leaders who could plan and implement necessary service improvements.

Research Approaches for This Study

The research team applied an integrated research framework, employing both qualitative and quantitative methods.

Qualitative components included:

- One-on-one in-depth interviews²⁶ with World Trade Center victims' family members;
- Focus group discussions with vulnerable populations in Chinatown;
- One-on-one and group interviews with mental health service providers in Chinatown;
- Phone interviews with social service administrators and staff of organizations providing post-September 11th relief services and case management.

Quantitative aspects of the study included:

- A survey of Chinatown-based mental health²⁷ and social service providers;
- A demographic, social and economic profile of Chinatown, drawn from Census 2000 sample data;
- A (GIS) mapping analysis of Chinatown's physical access to mental health services, including data on the neighborhood's population, mental health service providers, and transportation modes;
- A quantitative analysis of service utilization based on data from large mental health and relief service programs serving Asian Americans, such as Project Liberty²⁸, Asian LifeNet²⁹, and the American Red Cross³⁰.

Report Structure

This report is organized as follows:

Chapter 1 describes experiences of survivors of World Trade Center victims of Asian descent, with respect to their 1) psychological and physical reactions associated with September 11th and 2) ways of coping with the tragedy. It includes demographic analyses, along with data on Hamilton-Madison House's Project Liberty program, the largest crisis-counseling and mental health referral source for Asian Americans in the New York City area.

Chapter 2 examines the overall characteristics and mental health needs of children, elderly residents and unemployed workers in Chinatown. The chapter presents a census-based demographic profile of Chinatown as a whole. In addition, the chapter portrays the magnitude and nature of mental health needs of the Chinatown populations studied, based on an examination of information from mental health and social service providers.

Chapter 3 covers available mental health services, service usage, unmet needs and service gaps for the Asian American groups studied following September 11th. Drawing on input from those affected and data from service providers, the chapter highlights the range of needs that still must be addressed.

²⁶ Interviews and focus groups were conducted in the native language of the study participants when appropriate. Of the victims' families' interviews: fifteen were conducted in English; five were in Korean; one was in Hindi; and one was in Mandarin. All of the Chinatown focus groups were conducted in Chinese; (i.e., Cantonese and Mandarin), with the exception of the children's groups, which were all conducted in English.

²⁷ The focus of this study is primarily on outpatient or fee-based mental health services. The topic of serious or chronic mental illness (SMI) lies largely outside the scope of this study.

²⁸ N = 13,859; From October 2001 to September 2002, Project Liberty/Hamilton-Madison House assessed 13,859 individuals.

²⁹ N = 3,599; From January 2001 to June 2002, 3,599 calls were received by the Asian LifeNet hotline.

³⁰ N = 315; From September 2001 to February 2003, 315 Asian victims' families were served by Red Cross.

Chapter 4 recommends concrete solutions to help upgrade services to match the magnitude and nature of post-September 11th needs in the New York area's Asian American community. These action steps are targeted to make services more accessible, relevant, and effective for Asian American populations.

Methodological Considerations

The research team conducted in-depth interviews with survivors of 22 Asian victims, 11 of whom were of South Asian descent. This reflects the overall demographic pattern showing that half of the Asian victims' were South Asian. Using a variety of institutional, community and personal outreach and recruitment strategies, the research team interviewed study participants on a voluntary basis. Though the findings may not be generalizable to the wider victims' families population, this in-depth analysis reveals critical insights about the experiences of these families in dealing with their loss associated with September 11th.

The focus group sessions conducted in Chinatown focus on three vulnerable populations: elderly, children and dislocated workers. The research team targeted participants in daycare centers, senior centers and job training programs in the community. It did not focus on the experience of residents that did not use social services. Again, due to this targeted approach on participants who are part of the social services network and the voluntary nature of focus group participants, the generalizability of these findings is naturally limited. Nonetheless, the research, which is the first-ever-systematic attempt to assess the mental health impact on a neighborhood close to Ground Zero, documents the untold and important experiences of Chinatown residents and workers in coping with the tragedy.

The Project Liberty information on victims' families and Chinatown represents a collection of quantitative data by the largest September 11th community-based mental health program serving Asian Americans. As such, the inclusion of this program data on mental health symptoms and referrals was imperative. However, caution should be employed in interpreting these findings, as the intake form, the data from which the study's analysis was based, was designed to be a Project Liberty program implementation tool rather than to serve as a research instrument. The quantitative data provide a supplementary basis for supporting or refuting the qualitative findings.

Overall, this study fills an important gap in understanding the mental health consequences of September 11th on Asian victims' families and on Chinatown. The findings in this report provide an important knowledge base for mental health policy making and practice as well as an important baseline for future longitudinal research on victims' families and Chinatown community residents.