

Asian American Mental Health: A Post-September 11th Needs Assessment

**Asian American Federation of New York
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Foreword

The second anniversary of September 11th finds New York City further along in its recovery from the events of that date, poised in a stage of both memory and renewal. The last two years have given our city, our nation and the world an opportunity to absorb and reflect upon the tragedy's myriad meanings and its societal and global consequences. Cadences of renewal resonate externally, with the progression of plans for rebuilding the World Trade Center site, efforts by various constituencies to revitalize the crippled regional economy, and restoration of other physical resources lost in the disaster's wake.

However, for individuals directly affected by the loss of a loved one or other emotionally traumatic experiences connected to September 11th, the personal recovery process can be obscured from the outside. The painful processes of grieving over a loss and rebuilding or moving on with a life that was instantly and deeply transformed can be an isolated experience – one that is not easily comprehended by or shared with others. For Asian Americans, this is especially true.

As described in this report, in times of distress, Asian cultural values of self-reliance, reservation and non-expression typically prompt individuals to avoid seeking assistance in dealing with emotional issues. The concept of therapy is alien to many Asian immigrants. Meanwhile, there are not enough community resources to cultivate and sustain linkages between the many Asian Americans in the New York City area who need emotional help and mental health professionals who can provide it in a way that is culturally and linguistically effective and relevant to these individuals.

The Federation undertook this study to shed light on the extent and nature of emotional trauma among Asian Americans affected by the September 11th tragedy and to examine how these individuals have coped with psychological repercussions. A key factor influencing this research project was the Federation's commitment to ensuring that consideration of Asian American needs and recognition of the gaps in services for these populations are considered in dialogues and decisions about post-September 11th mental health intervention approaches and resource allocations.

This report provides a comprehensive knowledge base about the mental health status and needs of two uniquely and severely impacted Asian American communities: World Trade Center victims' families and vulnerable populations in Chinatown, specifically children, the elderly, and unemployed workers. A compilation of quantitative and qualitative research, the report represents the first broad-scale documentation and analysis of mental health issues among Asian Americans in the New York City area.

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Mental health is a long-term issue. At the second anniversary of September 11th, the Federation recognizes the need for sustained attention to the psychological recovery of New York-area Asian Americans. This report reveals that large portions of our communities are suffering silently, and it asserts that for genuine healing to occur, Asian American mental health issues need to be addressed actively, in ways that are effective and culturally appropriate.

Cao K. O
Executive Director
Asian American Federation of New York

RESEARCH ADVISORY COMMITTEE*

Rhea Almeida, L.C.S.W., Ph.D.
Executive Director, Institute for Family Services

Teddy Chen, D.S.W.
Co-Director, Charles B. Wang Community Health Center, Mental Health Bridge Program

Freda Cheung, Ph.D.
Associate Professor, Research Center on the Psychobiology of Ethnicity,
Harbor-UCLA Medical Center

James Chou, M.D.
Research Associate Professor of Psychiatry, New York University School of Medicine
Research Psychiatrist, Nathan Kline Institute

Benjamin Chu, M.D.
President, New York City Health and Hospitals Corporation

Henry Chung, M.D.
Medical Director, Pfizer, Inc.
Clinical Associate Professor of Psychiatry, New York University School of Medicine

Jane Eng, Esq.
Executive Director, Charles B. Wang Community Health Center

Rajiv Gulati, M.D.
Psychiatrist, New York University School of Medicine

Abdulla Hasan, M.D.
Director, Bellevue Hospital Center - South Asian Clinic

Chol Lee, M.D.
Director, St. Vincent's Catholic Medical Center - Psychiatric Inpatient Unit

Kin Wah Lee, M.P.A.
Former President, New York Coalition for Asian American Mental Health
Director of Quality Assurance, Kingsboro Psychiatric Center,
New York State Office of Mental Health

Larry Lee, M.S.W., M.A.
Associate Commissioner, Child Care and Head Start, Administration for Children's Services

Gisela Lin, Ph.D.
Psychologist and Coordinator, Texas A&M University, Student Counseling Service

Paul M. Ong, Ph.D.
Professor, Graduate School of Public Policy and Social Research
Director, The Ralph and Goldy Lewis Center for Regional Policy Studies
University of California, Los Angeles

Angela Shen Ryan, Ph.D.
Professor Emeritus, Hunter College School of Social Work

Tazuko Shibusawa, Ph.D.
Assistant Professor, Columbia University School of Social Work

Derald Sue, Ph.D.
Professor of Psychology and Education, Columbia University Teachers College

Stanley Sue, Ph.D.
Professor, Psychology & Psychiatry
Director, Asian American Studies Program
University of California Davis

David Takeuchi, Ph.D.,
Professor and Associate Dean of Research, University of Washington School of Social Work

Peter Yee, M.S.W.,
President, New York Coalition for Asian American Mental Health
Assistant Executive Director, Hamilton-Madison House

Marianne Yoshioka, Ph.D.
Assistant Professor, Columbia University School of Social Work

**** The views expressed in this report are those of the Asian American Federation and do not necessarily reflect the views or positions of the research advisory committee.***

RESEARCH TEAM

Project Director:

Shao-Chee Sim, Ph.D., Former Director of Research, Asian American Federation of New York¹

Principal Investigators:

Carol Peng, M.S.W., Assistant Director of Research, Asian American Federation of New York

Irene Chung, Ph.D., Assistant Professor of Social Work, Hunter College School of Social Work

Arpana Inman, Ph.D., Assistant Professor, Counseling Psychology Program,
Department of Education and Human Services, Lehigh University

Christine Yeh, Ph.D., Assistant Professor of Psychology and Education,
Department of Counseling and Clinical Psychology, Columbia University, Teachers College

Research Team Members:

Anna Lee, Research Assistant, Asian American Federation of New York

Pamela Yew Schwartz, Ph.D., Psychologist, Manhattan Psychiatric Center

Meghan Clark, Research Associate, Asian American Federation of New York

Angela Kim, Ed.M., Columbia University, Teachers College

Anvita Madan-Bahel, M.A., Columbia University, Teachers College

Shivani Nath, M.S, MFT, Seton Hall University

Yuki Okubo, Ed.M., Columbia University, Teachers College

Edna Chung, M.P.H., Research Associate, Asian American Federation of New York

Andrew Yan, M.A., Census Information Center Data Manager, Asian American Federation of
New York

¹ Since June 2003, Dr. Sim has been employed by the Wallace Foundation as an Evaluation Officer.

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I. Executive Summary

September 11th permanently and profoundly altered the lives of communities across the New York City metropolitan area. The nature and magnitude of the tragedy engendered losses of unprecedented scope and depth. For the general public, the pervasiveness of emotional impacts has raised the level of consciousness about mental health issues and widened acceptance of help-seeking to a degree. However, for the Asian American community, which historically has faced a host of unique barriers to mental health care, mental health service usage has remained virtually unchanged.

This report documents the post-September 11th mental health status, service use and unmet needs of two impacted groups: 1) family members of World Trade Center victims of Asian descent and 2) vulnerable populations in Manhattan's Chinatown. The report offers a window to deeper understanding of the obstacles to effective mental health care, including the gaps in services, which confront this community. The findings are derived from a variety of qualitative and quantitative sources, including individual and focus group interviews and surveys of affected individuals and mental health and social service providers. Analyses of administrative datasets comprising information about more than 15,000 individuals are also presented.

Based on these findings, public policy recommendations are set forth with the intent of increasing access to mental health services and improving service delivery in a post-September 11th context for the groups studied and other Asian American populations in need.

A. Findings

1. World Trade Center Victims' Family Members

Of the 2,743 documented World Trade Center deaths, 6.7%, or 184, were people of Asian descent. Among these Asian victims, 37% resided in New York City, and 41% resided in New Jersey. People of Indian descent were the largest ethnic group among Asian victims, and nearly half of all Asian victims were South Asian.

Nine months after September 11th, interviews were conducted with survivors of 22 Asian victims. Participants were asked about their experience of loss, particularly how they reacted to and actively coped with the death of their family member. In describing their experiences, other culturally and/or racially-tinged themes of struggles associated with September 11th emerged.

- **Psychological and physical reactions associated with the September 11th tragedy**
 - Based on reported symptoms, the interviewers, who are professional mental health clinicians, assessed every study participant as depressed or mildly depressed.

- Family members of World Trade Center victims experienced a range of psychological reactions to their loss, including denial, anger, hopelessness, and a lack of closure due to the inability to obtain a loved one's remains.
 - Physical symptoms were widespread – a salient finding for a population for whom underlying emotional issues tend to manifest themselves as more culturally acceptable health conditions. Many participants reported sleep problems. South Asians experienced changes in appetite, loss of hair and darkening of skin. Other Asians reported heart palpitations, blood pressure problems, and physical pain.
 - The quantitative analysis of service utilization data from the federally-funded Project Liberty program at Hamilton-Madison House, the largest mental health service provider for Asian Americans in New York City, also revealed high levels of adverse behavioral, cognitive, emotional, and physical responses – all indicating mental distress – among survivors of Asian victims of the World Trade Center attacks.
 - Furthermore, the analysis revealed that, to varying degrees, Asian American victims' families in the sample population assessed by Hamilton-Madison House suffered more negative reactions relative to victims' families in this total sample population.
- **Coping methods**
 - Avoidance and self-distraction were common methods of dealing with the loss.
 - Coping mechanisms for study participants and other family members also included informal contact with relatives and friends, as well as culturally-based alternative healing methods, such as palm reading and astrology.
 - Religion and spirituality played a significant role in the way many participants dealt with their loss.
 - Participants reported very little use of professional mental health services.
 - **Other September 11th-related challenges**
 - Many participants cited other difficulties arising from September 11th that intensified the emotional impact and feelings of physical insecurity already engulfing their families.
 - These other issues included increased family responsibilities and perceived racial discrimination on the part of relief organization staff members.
 - In particular, South Asians reported fears and anxieties related to finding themselves targets of racial profiling and hate crimes after September 11th.
 - Another compounding stressor was the family members' loss of legal resident status in the United States upon the death of the victim.

2. Vulnerable Populations in Chinatown

Chinatown's location less than ten blocks from Ground Zero places its community members at heightened risk for negative emotional effects related to September 11th. Some populations are especially vulnerable by virtue of social circumstances and characteristics that tend to limit individual resources, opportunities, and abilities to meet one's own needs and/or sustain quality-of-life independently. Nine months after September 11th, focus groups were conducted with three such populations in Chinatown: children, elderly residents, and unemployed workers. The purpose was to understand the experience of these individuals on and around September 11th, their coping methods, and their mental health status at the time of the study.

- **Demographic Profile of Chinatown**

- Data from Census 2000 demonstrate that, even before September 11th, low levels of income, citizenship status, English proficiency, and educational attainment already undermined the quality of life of Chinatown's Asian

- population.
- Low socioeconomic status is a major risk factor for negative mental health outcomes. Poverty not only predisposes community residents to more serious economic and social stress, but it also restricts financial, informational and other forms of access to mental health treatment.
 - Immigrant status, pervasive among Asians in Chinatown, creates pressures associated with acculturation and assimilation.
 - Chinatown was further debilitated by the severe economic and emotional consequences of September 11th. In the first three months after the tragedy, one-quarter of Chinatown's workforce became unemployed as a result of massive business downturns and physical isolation. One year later, the majority of workers in the neighborhood were still experiencing high levels of underemployment.
- **Experience of September 11th**
 - All participants experienced the World Trade Center attacks first-hand or in ways that otherwise fundamentally altered their lives. Experiences such as witnessing the plane crashes; evacuations amidst smoke, dust and debris; an inability to return home right away due to traffic restrictions and police activity; and inability to locate and communicate with family members were common. Most residents of Chinatown lived in isolation because a frozen zone was imposed on the area in the immediate aftermath, and basic electricity and phone services were severed.
 - **Mental health impacts on children, elderly, and unemployed workers**
 - Nearly a year after September 11th, the three Chinatown populations studied remained in distress. Shades of trauma manifested themselves in such forms as nightmares among children and insomnia, physical complaints, and fear of leaving home among the adult participants. Unemployed workers also reported heightened family tensions stemming from their job losses.
 - Children expressed fears and concerns about safety; felt anxious due to increased family tension and parental worries about finances; and described an overall sense of loss related to the decline in the quality of their lives after September 11th.
 - Elderly participants complained about post-traumatic stress symptoms; expressed a sense of grief and loss toward the attack on the Twin Towers; and suffered from a sense of hopelessness and helplessness toward their lives and the future.
 - Dislocated workers experienced stress symptoms from the traumatic event, as well as a result of unemployment and related family tensions. Social isolation was universally reported; due to a lack of financial resources, ongoing terrorist threats, and preoccupation with unemployment status, social activities were curtailed.
 - The analysis of Project Liberty data revealed high levels of adverse behavioral, cognitive, emotional and physical responses – all indicating mental distress – among vulnerable populations in Chinatown.
 - Furthermore, the analysis revealed that, to varying degrees, the Chinatown groups in the sample population assessed by Hamilton Madison House suffered more negative reactions in comparison to other Asian Americans in the sample population, and in comparison to the total sample population assessed by Hamilton-Madison House.
 - **Coping methods**
 - Despite these lingering effects, no focus group participants reported using mental health services. The elderly tried to avoid emotional issues by keeping

busy with senior center activities. Dislocated workers attended job training classes and did volunteer work. Children generally used the same coping methods as their parents; avoidance and self-distraction.

3. Available Services, Service Utilization, Unmet Needs, Service Gaps

a. September 11th- related mental health initiatives

A number of public and private mental health initiatives emerged after September 11th that have impacts on the Asian American community. These include the American Red Cross and The September 11th Fund, which have partnered to provide mental health and other services. Also, the New York State-operated Project Liberty has provided crisis and short-term counseling and outreach to tens of thousands of New Yorkers, including more than 10,000 Asian Americans in the year following the September 11th attacks. In addition, several community-based initiatives were launched to serve Chinatown.

However, these programs have provided only limited benefits for Asian Americans, for several reasons. The short-term nature of most initiatives makes them inadequate for vulnerable and at-risk populations, such as those studied, for whom traumatic effects can persist for years. For Asian Americans, this situation is exacerbated by the fact that the population as a whole underutilizes services, and by the fact that the lack of treatment can take a severe toll on mental health status. In addition, many post-September 11th mental health programs have not reached the Asian American population effectively, due largely to a shortage of culturally- and linguistically-competent, trained mental health staff members.

b. Mental health service utilization of study populations

- Low mental health service utilization was typical among survivors of World Trade Center victims, as well as Chinatown's children, elderly residents and unemployed workers.
- Study participants largely perceived professional mental health services to be unhelpful, inappropriate or irrelevant.
- In most of the few cases in which victims' family members sought professional mental health assistance, services were not provided by professionals of the clients' cultural and linguistic background.
- Mental health services were utilized more in acute stages of mental illness or were perceived to be useful only in these stages.

Mental health services were more frequently used by study populations when they were:

- offered in non-clinical settings;
- provided by professionals who shared the client's cultural and linguistic background;
- recommended by a trusted individual, such as a relative, friend or social service provider;
- publicized via in-language radio, in the case of Chinatown.

c. Unmet Needs

General

- Awareness of mental health issues, services and resources should be raised among the two major groups studied: families of Asian World Trade Center victims and Chinatown's children, elderly residents and unemployed workers.

Victims' families

- Research from the Oklahoma City bombing shows that the need for mental health assistance following a trauma can persist for years. In that case, mental

health services were still being utilized three years later. Asian families of victims greatly need long-term professional emotional support to help them cope with their continued sense of loss and the stress associated with changes in the family.

- Victims' families cited the need for information on resources and services that are easily accessible and in their native language.
- Victims' families emphasized the importance of making various forms of emotional support and guidance available to individuals close to them, such as friends and neighbors, who did not know how to interact with them under the circumstances.

Chinatown

- Children in Chinatown need sustained interventions that enable them to interact with adults trained to help them address feelings, thoughts and concerns associated with September 11th.
- Parents, school personnel, and child care providers should be trained to deal with mental health consequences in their children.
- Families in Chinatown need help to deal with stress symptoms due to unemployment, persistent post-traumatic stress symptoms, and increased familial tensions and conflict.
- Geriatric mental health services are required to help the elderly cope with their post-traumatic stress symptoms and their continued sense of hopelessness and helplessness.

d. Service Gaps

- There is a shortage of culturally relevant forms of mental health support.
- World Trade Center victims of Indian descent were the largest ethnic group of Asian victims, and nearly one-half of all Asian victims were of South Asian descent. However, most mental health programs and services, including those designed to serve Asian Americans, lack trained professionals with bilingual capabilities and cultural competence to work with South Asian family members.
- Little targeted outreach to victims' families has been conducted by such major September 11th-related mental health programs as Project Liberty and Asian LifeNet, as well as other community-based mental health providers.
- More Asian victims resided in New Jersey than in New York City. Their family members have even less access to culturally-appropriate mental health care than New York City residents, due to the lack of such service programs outside of the city.
- Few organizations that have provided supportive services to family members of victims are staffed by trained mental health professionals.
- Mental health services need to be linked and coordinated with culturally relevant non-clinical support programs in which family members of victims participate.
- Most front-line, direct service staff members of Project Liberty and September 11th case-management programs lack mental health backgrounds. Mental health training, if any is received, generally is superficial and inadequate. In addition, some programs do not have enough Asian-language-speaking staff members.
- Few victims' family members or affected individuals in Chinatown have received ongoing mental health care. Post-September 11th mental health assistance has focused on initial assessment and/or crisis intervention, with few referrals to longer-term services.

Public Policy Recommendations

Goal 1: Develop more culturally competent mental health services and other forms of support.

Key Recommendations:

- Continued funding commitments from federal and state government as well as private foundations are necessary to address the long-term mental health needs of affected populations, with considerations for culturally competent mental health services that incorporate practices based on alternatives to existing Western clinical models.
- Linkages should be strengthened between mental health services and other programs or venues where individuals and families go for concrete help or emotional support.

Goal 2: Create greater awareness of mental health issues and knowledge of bilingual services and resources through expansion of outreach and community education.

Key Recommendations:

- Special outreach efforts should be extended to families of Asian World Trade Center victims, particularly South Asian families as well as families living in New Jersey.
- Information about available services for victims' families in the New York metropolitan area should be centralized, available in relevant Asian languages, and otherwise made easily accessible.
- More mental health education materials should be developed by culturally-competent professionals with relevant field expertise in areas such as bereavement, child psychology or geriatric mental health.

Goal 3: Increase the availability and accessibility of community mental health programs that address the long-term needs of victims' families.

Key Recommendations:

- Direct funding to culturally competent programs, including non-traditional and community-based forms of support within the home communities of victims' families, with emphasis on their long-term mental health needs.
- Programs that help victims' families ease stress associated with changes in the family, such as increased financial obligations, family responsibilities or related culturally-based conflicts, should be encouraged. Emotional support and guidance should also be extended to individuals who are close to these families, including friends and caregivers.
- Mainstream coordinating organizations, such as the Mental Health Association, the American Red Cross, and 9/11 United Services Group, should work more closely with existing community mental health programs to serve victims' families more effectively.

Goal 4: Strengthen the ability of mental health services to assist children, the elderly and families in Chinatown.

Key Recommendations:

- Direct funding to develop a wide range of traditional and non-traditional mental health programs that specifically help children, the elderly, and families in Chinatown cope with the long-lasting emotional impact of September 11th.
- Mental health service providers should collaborate more closely with community-based programs and institutions serving children, the elderly, and adults of working age to facilitate ongoing and more effective intervention for these populations.

Goal 5: Increase mental health training and bilingual capabilities of front-line staff for programs serving victims' families and Chinatown populations.

Key Recommendations:

- Culturally competent mental health training and relevant bilingual capabilities should be required of front-line staff for case management, health service, and other social service programs serving victims' families and Chinatown populations in the New York metropolitan area.

- FEMA/Project Liberty, the American Red Cross, The September 11th Fund, and Mental Health Association should collaborate with Asian American mental health experts to develop mental health training courses and materials that are relevant to these populations.

Goal 6: Expand community and professional knowledge and practice base regarding Asian American mental health issues and programs.

Key Recommendation:

- Direct funding to support further study, including longitudinal research on victims' families and more in-depth needs assessments of vulnerable populations in Chinatown, as well as further development of culturally competent mental health practices to serve Asian Americans affected by September 11th experiences.

Goal 7: Develop a coordinated Asian American community mental health planning framework for a post-September 11th era.

Key Recommendations:

- Mental health planning for future disasters should include considerations of the cultural competence and linguistic appropriateness of services for Asian Americans in the New York metropolitan area.
- Coordinated planning efforts should be supported among community mental health service providers to increase mental health service utilization through effective community outreach; improved access to available services; strengthened service infrastructure; better coordination in service referrals; greater cultural competence in service provision; development, implementation, and evaluation of best practices; and greater ability to inform mental health policy affecting Asian Americans.
- The New York State Office of Mental Health should demonstrate an ongoing commitment to ensuring that cultural competence and other quality-of-care standards are met in its funded and certified programs with respect to services for Asian Americans. Such institutional commitment should be clearly operationalized by, at minimum, assigning responsibility for this issue to senior level staff and institutionalizing processes for participation of Asian American mental health professionals in OMH program planning and policy development.