

APRIL 2024

# BRIDGING THE GAP:

POLICY RECOMMENDATIONS  
FOR IMPROVING  
ASIAN AMERICAN  
MENTAL HEALTH SERVICES



ASIAN AMERICAN FEDERATION

## **Acknowledgements**

We are grateful to the van Ameringen Foundation for their generous support of the Asian American Mental Health Roundtable and our ongoing research into the mental health needs of the Asian community. We would also like to recognize all the Mental Health Roundtable participants who provided their time, as well as valuable feedback and insights into the challenges in accessing mental health care faced by the communities they work with on the ground. Their guidance has been invaluable in shaping these recommendations.

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# RECOMMENDATIONS SUMMARY

The Asian American Mental Health Roundtable was created to foster dialogue and collaboration around the challenges that Asian Americans face in accessing quality mental health care. Composed of 12 community-based organizations (CBOs), who collectively serve a diverse population of over 11,000 Asian New Yorkers per year, the Roundtable's mission is to share resources and develop innovative solutions aimed at enhancing access to high-quality mental health care for Asian New Yorkers. We engaged deeply and intentionally with these organizations to develop this policy brief. Based on our findings, we offer the following recommendations to policy makers, legislators, funders, and the City of New York to help them make informed decisions on how to advance equity and inclusion in mental health policies and practices for Asian New Yorkers.

## **Invest in CBOs that provide culturally and linguistically competent services to the Asian American community in New York City.**

1. Allocate funding in the City's budget to provide CBOs with directed funds to target Asian American communities.
2. Give preference to CBOs that have a track record of providing these services and addressing the unique cultural and language needs of Asian Americans.

## **Increase funding for mental health initiatives tailored to the specific cultural and linguistic needs of Asian Americans.**

1. Provide adequate funding to expand current mental health services.
2. Designate funding for the design and implementation of both clinical and non-clinical programs that align with the specific needs of Asian American communities.

### **Invest in a linguistically and culturally competent mental health workforce.**

1. Encourage mental health organizations to recruit multilingual staff to reflect the linguistic and cultural diversity of the communities they serve.
2. Provide adequate funding for Asian-serving organizations so they can offer competitive salaries for mental health workers.
3. Offer grants and scholarships specifically targeted to individuals pursuing careers in mental health professions.
4. Allocate research grants specifically for studies focusing on mental health within Asian American communities to deepen our understanding of mental health needs across different ethnic groups.





# ASIAN AMERICAN MENTAL HEALTH ROUNDTABLE



A SACSS staff member leads a workshop on how participants can improve their communication skills and foster connections with others.

The Asian American Federation's Asian American Mental Health Roundtable (the Roundtable) comprises 12 CBOs that address challenges, create solutions, and share resources to increase access to culturally competent mental health care in New York City. These organizations provide clinical, non-clinical, and case management services to the pan-Asian American community across a spectrum of ages and ethnicities.

The top three ethnicities served by the Roundtable are the Chinese (50%), Bangladeshi (42%), and Pakistani (42%) communities. Additionally, organizations provide services to a total of 18 different Asian ethnic groups, including Afghan, Cambodian, Hmong, Indonesian, Indian, Indo-Caribbean, Japanese, Korean, Laotian, Middle Eastern, Nepalese, Taiwanese, Tajik, Sri Lankan, and Uzbek individuals. They primarily serve adults ages 25-64, but many also serve seniors and youth.

These organizations serve community members across New York City, with eight organizations based in Queens, four in Manhattan, four in Brooklyn, and one in the Bronx. Four of the organizations provide services in more than one borough. Currently, there is one organization in the Roundtable that provides services in Staten Island.

These 12 organizations represent the diverse voices and experiences of Asian Americans, and have built community trust over decades of responding to the layered traumas in our communities. They draw upon long-standing relationships to collaborate, implement, and coordinate solutions.

## **The Current Landscape: Gaps Persist in Accessing Mental Health Care**

Asian Americans are the fastest-growing population in New York City, comprising 17% of the city's total population. Of the 1,525,851 Asian Americans, 66% are foreign-born and 44% have limited English proficiency – facts that reflect the potential lack of access to resources for many households.

Meanwhile, in New York State, suicide is the second-leading cause of death for Asian Americans ages 15-24, and the third leading cause for Asian Americans ages 10-14 and 25-34. Studies have also shown that Asian Americans experience higher rates of depression compared to White Americans, yet only 2% of Asian Americans will report symptoms of depression to their doctors. According to the Mayor's Office of Community Mental Health, 62% of Asian New Yorkers experiencing depression do not get mental health help.

## **Barriers to Access for Asian American Communities**

The data also raises questions as to why these communities are reluctant to seek care. Cultural stigma is certainly a factor. However, the lack of resources, information, and outreach available in Asian languages, as well as the scarcity of therapists and other providers who understand Asian cultures, also often pose insurmountable barriers.

In New York alone, there are over 23 distinct Asian groups, all with cultures, attitudes, and traditions of their own. Together, they speak over 36 different languages and dialects. However, Asian American communities face significant challenges in accessing mental health care that meets their unique needs. With more than 80% of psychologists in the U.S. being White<sup>1</sup> and the majority of therapy services available only in English, there is a glaring gap in culturally competent care.

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<sup>1</sup> Chamblou, N. (2022, August 17). Diversity in the mental healthcare profession: Then and now. Psychology.org | Psychology's Comprehensive Online Resource. <https://www.psychology.org/resources/diversity-in-mental-healthcare/>

This discrepancy is evident in the lower rates of utilization of mental health services among Asian New Yorkers, with only 38% of those experiencing depression seeking treatment, compared to 58% of White New Yorkers<sup>2</sup>.

When we recognize the diversity within these communities, it becomes evident that a one-size-fits-all approach will not suffice. Mental health programs that are tailored to the unique needs of Asian Americans are crucial for effectively supporting them. Studies have shown that Asian American communities often respond better to informal sources of support, such as family, close friends, or community members, rather than formal channels like physicians or counselors<sup>3</sup>.



Japanese seniors enjoying a tea party, held by JASSI, to reduce social isolation.

2 NYC Mayor's Office of Community Mental Health. (n.d.). Mayor's Office of Community Mental Health: Data Dashboard. Mayor's Office of Community Mental Health | Data Dashboard. <https://mentalhealth.cityofnewyork.us/dashboard/>

3 Kim, S.B., Lee, Y.J. Factors Associated with Mental Health Help-Seeking Among Asian Americans: a Systematic Review. *J. Racial and Ethnic Health Disparities* 9, 1276–1297 (2022). <https://doi.org/10.1007/s40615-021-01068-7>



This is where CBOs come into play. These organizations are pivotal in providing direct services and leveraging existing social support networks. They understand the nuances of Asian American communities, including their varied ethnic backgrounds, languages spoken, and cultural contexts. By fostering understanding and empathy for their clients' lived experiences, these CBOs contribute to a more inclusive and culturally competent mental health landscape in the city.

However, to truly address the mental health needs of Asian American populations, we must invest in increasing the capacity of culturally sensitive and linguistically appropriate programs. This means providing increased funding to support Asian-led, Asian-serving CBOs. By addressing barriers to access, language, and stigma, we can empower individuals to seek the help they need, leading to promoting the overall health and socioeconomic stability for all members of the community.



Yoga class for seniors provided by India Home to maintain physical and mental wellness.

# POLICY SOLUTIONS

## Invest in CBOs that can provide culturally and linguistically competent services to the Asian American community in New York City

**83%** found that **language access** was the most significant barrier for clients to receive mental health services



**67%** found that **cultural stigma** was the second-highest barrier in accessing mental health services



In a mental health report titled *Seeking Help, Finding Hope: Mental Health Challenges and Solutions for Asian Americans in New York City*, published by the Asian American Federation (AAF) in 2024, 22% of survey respondents stated that they prefer receiving mental health services at CBOs, while 24% turn to these organizations for mental health information. In addition, 58.8% of survey respondents visited their healthcare providers for mental health services or support; while 29% turned to relatives or friends; and 22% went to CBOs.

According to this report, approximately 60% of community members seek mental health support through their primary healthcare providers, but mainstream healthcare providers often lack the cultural and linguistic capacity to fully support mental health care needs. In fact, many larger hospital systems refer their patients to organizations that are part of the Roundtable network because they are not staffed with providers who have cultural and linguistic competency. Our Roundtable

organizations serve these patients even though they do not receive funding to do so. Although 29% of community members turn to relatives or friends, stigma is still the second-highest barrier to accessing services. AAF's 2024 mental health report found that "sharing personal stories of how community members navigated mental health challenges and recovered" helps to reduce stigma and makes seeking mental health support more acceptable.

AAF's 2024 mental health report also demonstrated that mainstream models of mental healthcare are often not as effective within the Asian American community because they are based on Western practices, such as having open and intimate conversations about sensitive and emotional topics for diagnosis and treatment. These mental health practices feel unfamiliar and are in opposition to Asian cultural values and practices.

The mental health report by AAF also highlights that certain Asian Americans, especially immigrants, tend to rely on traditional or non-Western forms of medicine as their main form of treatment, rather than viewing them as supplementary options. This reliance on traditional or alternative healing methods can be attributed to a lack of familiarity with Western mental health services and a preference for approaches deeply rooted in their cultural heritage. Examples of non-clinical modalities include traditional Chinese medicine, ayurveda, Kampo, gSo-ba Rig-pa, acupuncture, massage therapy, folk nutritional therapy, energy healing exercises, guided meditation, and spiritual healing. These modalities can be used as an entry point to accessing mental health care, which can then allow CBOs and other providers to connect individuals to culturally competent clinical services if needed.

CBOs within the Roundtable network have a greater understanding of these different cultural norms, values, and beliefs present in the communities they serve, thus positioning them as critical partners in spreading mental health awareness, providing mental health services, reducing stigma, and creating spaces to connect with other community members.

CBO participants within the Roundtable have implemented non-clinical modalities to positive effect. For example, the Korean American Family Service Center offers a "hae-bok" (meaning "revival" in Korean) program that includes art, education, and body movement workshops to help process racial and gender trauma. Participants build community, embark on personal healing journeys, and create public art displays. This initiative aims to foster renewal and re-emergence for those affected by anti-Asian hate and misogyny, and also welcomes survivors of gender-based violence.

The Arab American Association of New York (AAANY) has hosted “Tea and Art Therapy,” where adult participants sip tea, create art, and discuss mental health and wellness in a supportive environment. The program provides childcare in the same building and allows the participants’ children to express themselves through painting. AAANY also ran the Girls Youth Circle, a support group for young women ages 15-18.

South Asian Council for Social Services offers “Wednesdays for Women,” a women’s wellness circle where participants gather to practice yoga, participate in a support group, and attend workshops on topics related to both physical and mental health.



Community members engage in art activities at SACSS.

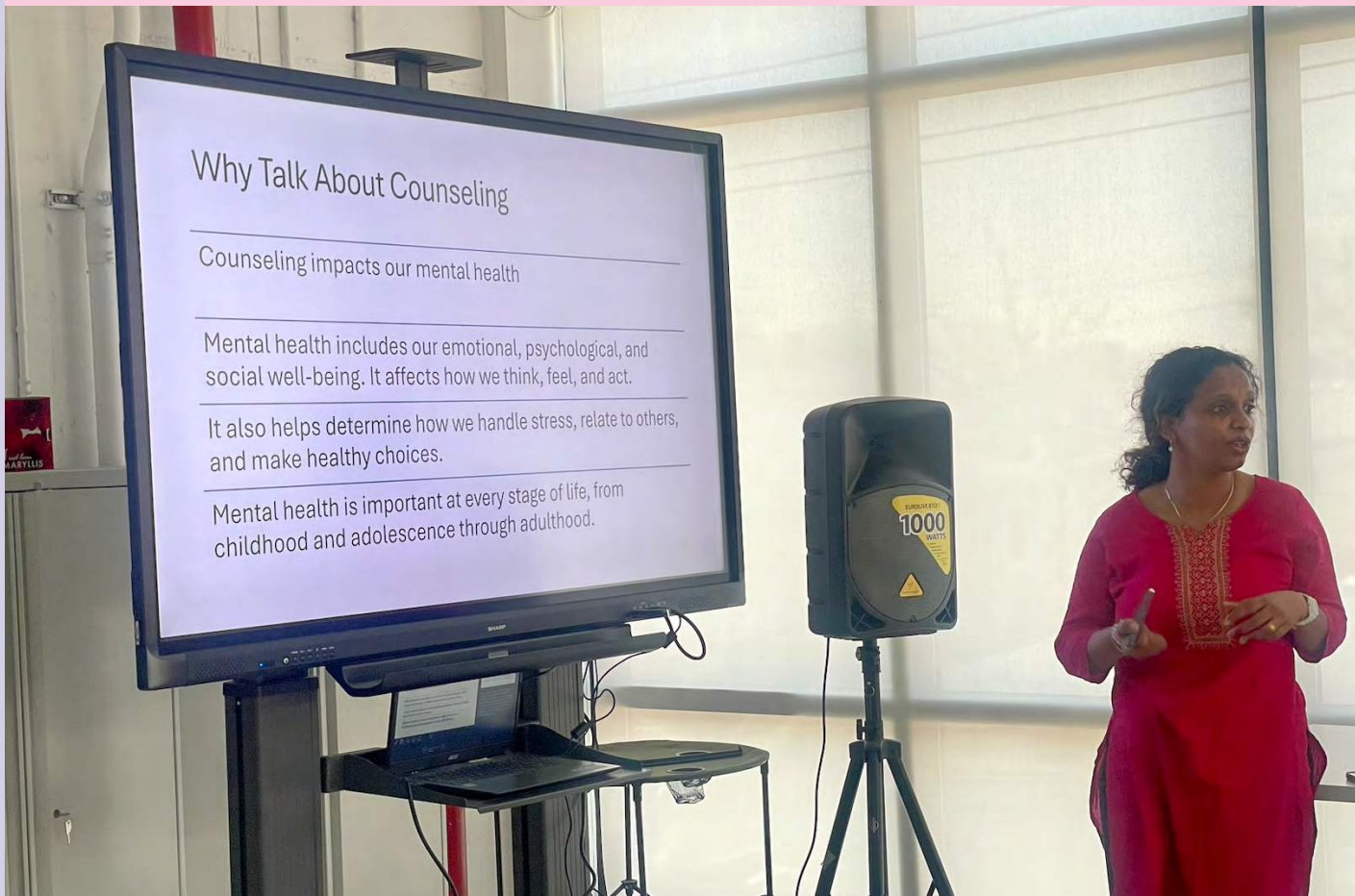
**“Asian-led and Asian-serving CBOs are best positioned to provide mental health services because immigrant communities trust them. Many Asian immigrants are hesitant to seek mental health services in a medical or hospital setting, and are more comfortable and open to seeking services at a CBO where they already feel at home.”**

— Staff member of South Asian Council for Social Services (SACSS)



## **Increase funding for mental health programs that are culturally sensitive and linguistically appropriate for Asian American populations**

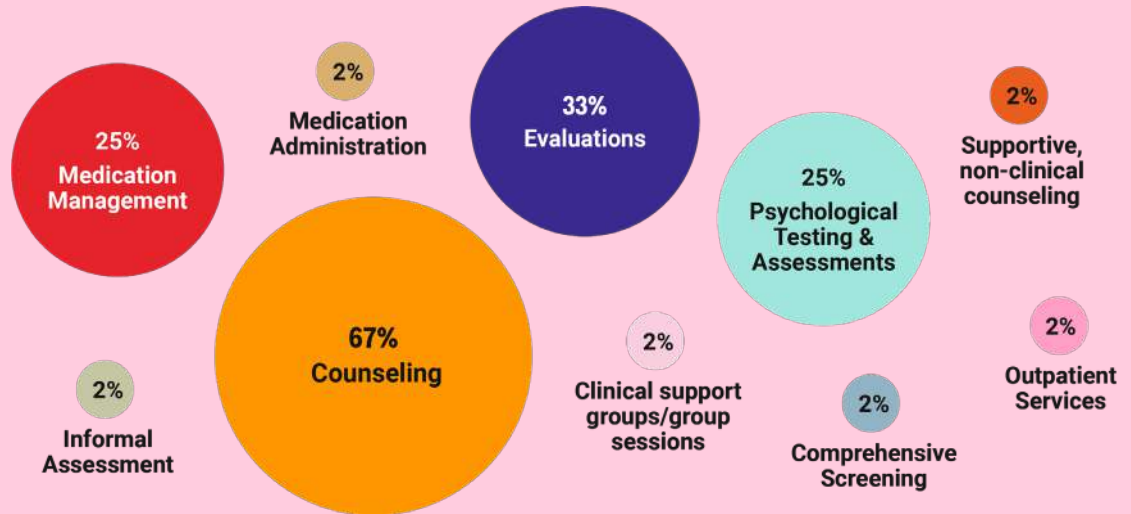
The Roundtable organizations provide a diverse range of both clinical and non-clinical services. Given the cultural and linguistic expertise of AAF's member and partner organizations and the increased demand for mental health services, these CBOs require expanded funding to continue to serve the Asian American community in this capacity. In fact, 75% of the organizations surveyed in the Roundtable expressed a need for additional funding. This funding would not only support their existing mental health services but also facilitate their expansion to address the rising demand for such services.



SACSS provides psychoeducation to their community through presentations.

## Clinical Mental Health Services provided by the Roundtable

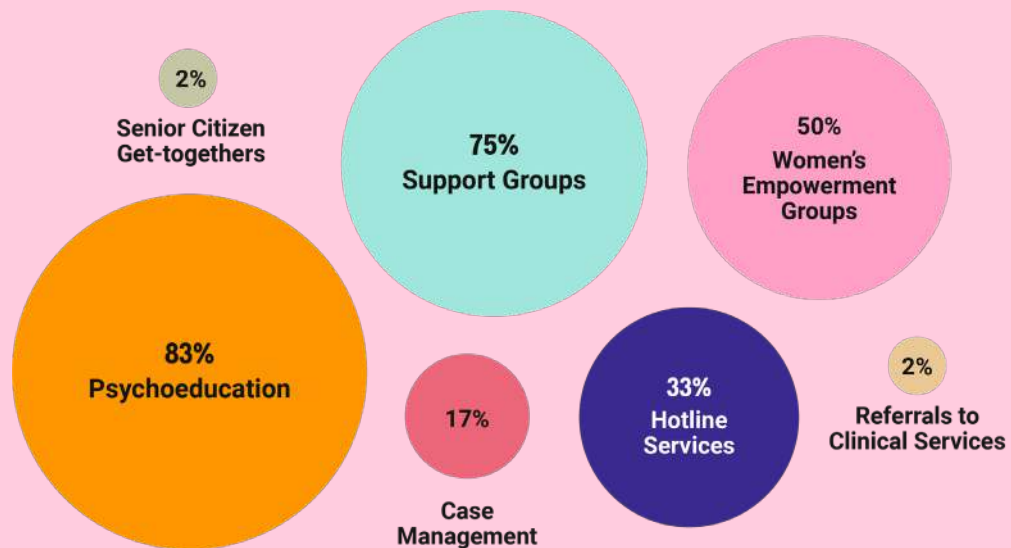
The Roundtable organizations collectively provide 10 different types of clinical mental health services



Source: The Roundtable Organizational Needs Assessment.

## Non-Clinical Mental Health Services provided by the Roundtable

The Roundtable organizations collectively provide 10 different types of non-clinical mental health services



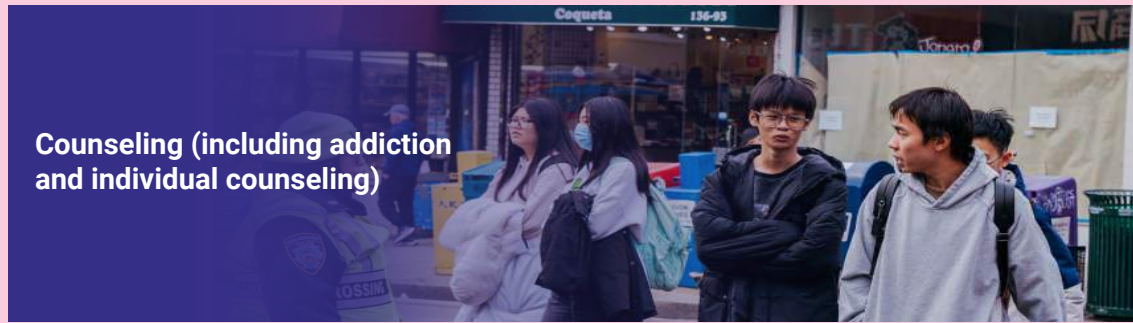
Source: The Roundtable Organizational Needs Assessment.

# Potential for Expansion of Mental Health Services by the Roundtable

Given adequate funding, the Roundtable organizations would expand their mental health services to include:

33%

Counseling (including addiction and individual counseling)



25%

Support groups (including support groups for teens and young women)



25%

Women's empowerment groups



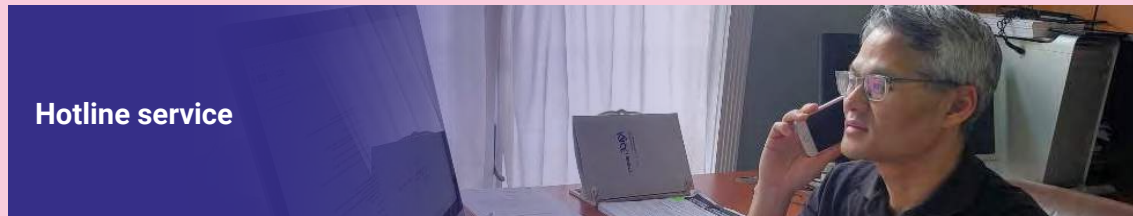
17%

Evaluations



17%

Hotline service



2%

Outpatient services



2%

Medication management



2%

Substance abuse services



Source: The Roundtable Organizational Needs Assessment.



Among the Roundtable organizations, 58% face challenges due to a shortage of culturally competent staff. Additionally, 25% experience general staffing shortages, and another 25% struggle with recruiting for open positions.

Overall, 50% of these organizations lack sufficient funding for mental health services, while 67% require recruitment assistance to maintain or expand their services.

To address these issues, it is crucial to allocate funding for competitive salaries, ensuring the retention of current professionals and attracting new ones who are culturally and linguistically competent.

**“Invest in funding that matches the reliance on the linguistic and cultural expertise of CBOs and build better relationships with CBOs to understand what gaps in services need to be filled.”**

— Staff member of Sapna NYC



A licensed mental health counselor provides services to a community member at SACSS.



In addition, adequately funding Asian-led, Asian-serving CBOs would allow them to design and implement programs that align with the specific needs of the Asian immigrant communities they serve.

**“Relationship-building with community-based organizations [is needed] so institutions have more understanding of what kinds of grants and policies would best serve our clients, and so we are not as constrained in our decision-making with regard to the type of services to provide and how to provide them.”**

— Staff member of Korean Community Services of Metropolitan New York (KCS)



Japanese seniors building connections with other community members at a tea party hosted by JASSI.

## **Invest in a linguistically and culturally competent mental healthcare workforce**

According to the American Psychological Association's 2018 report on diversity in the psychology workforce, only 12% of the health service psychology workforce consisted of racial/ethnic minorities. Moreover, the academic workforce was 81% White, with racial/ethnic minorities making up the remaining 19%. Meanwhile, data from the AAF Data Center reveals a significant growth in the Asian American population, with a growth rate of 34.4% between 2010 and 2020. This growth accounted for 7.7% of the total population increase in New York City during the same period.

As the Asian population in New York City continues to steadily increase, it becomes imperative to ensure that an adequate number of members of the psychology workforce and mental healthcare providers are drawn from Asian communities, and are appropriately trained to meet the needs of this fast-changing demographic.

### **ENHANCE THE WORKFORCE OF MENTAL HEALTH PROFESSIONALS:**

#### **Recruit Asian American and other students from diverse backgrounds:**

The first step in filling the cultural and linguistic gaps in staffing is to recruit students from diverse backgrounds who are interested in pursuing a profession in mental healthcare.



Community members engage in physical wellness activities at SACSS.

### **Create programs to fast-track skilled immigrants:**

In order to address the dearth of trained providers who have the language skills and cultural expertise to support the needs of the Asian community, the focus should be on the recruitment of bilingual individuals who were mental healthcare professionals in, or have specialized mental health professional degrees from, their home countries. Governmental support should explore and open pathways for these immigrants, as it would address the current staffing shortage. These individuals could, for example, be offered accelerated or truncated programs that would help ameliorate the staffing shortage.

### **Invest in adequate resources to support mental health professionals:**

By offering competitive salaries, providing scholarships, and investing in loan forgiveness programs, we ensure that appropriate mental healthcare providers are supported and encouraged to enter and remain in this field, and to continue this important work.

Grants may also be used to train diverse peer specialists, who are individuals who have experienced mental health challenges themselves and can now provide support to those in need, from within local Asian American communities.

Individuals seeking mental health care are more effectively served by those who look like them, understand their lived experiences, and can empathize with their culture and history.

**“The government needs to create opportunities for students who speak languages other than English to choose mental health careers, including by forgiving student loan debt.”**

— Staff member of Arab American Association of New York (AAANY)



At SACSS, community members build camaraderie through mindful art activities.



# CONCLUSION

As Bridging the Gap makes clear, there is no “one size fits all” solution to address the mental health needs of New York’s diverse Asian communities. Asian New Yorkers come from a plethora of cultural backgrounds, with different understandings of mental health, and speak dozens of languages with unique vocabularies around emotional wellness. To close these cultural and linguistic gaps, we need to meet Asian New Yorkers where they are, with services that respect their specific values and traditions.

We need to do more to protect the emotional well-being of Asian New Yorkers, but we cannot do it alone. This report highlights the outsized need for mental health services and the critical work Asian-led, Asian-serving organizations do to meet this demand. They increase access to mental health services by building trust within their communities, increasing points of access to mental health information, and providing traditional and non-Western forms of mental health care.

CBOs have the proven skills and expertise to provide specialized culturally and linguistically competent care that Asian New Yorkers need, and they often fill in service gaps when mainstream hospitals and agencies cannot provide these services. However, only with adequate funding and investment can they effectively deliver and expand these vital services.

That is why it is critical for the government and funders to invest in these CBOs as a crucial partner in the mental health services ecosystem so they can expand both clinical and non-clinical services; attract and retain multilingual staff; and help Asian New Yorkers thrive.





# METHODOLOGY

This analysis and its corresponding recommendations are based on data gathered through an online survey completed by participants of the Asian American Federation's the Roundtable and submitted between the months of May and August of 2023. The 12 CBOs responded to a survey of 20 questions to help us better understand, identify, address, and advocate for resources to meet the mental health needs of the pan-Asian community in New York.

We designed the surveys to understand the community's struggles in accessing mental health services. Additionally, we aimed to understand what organizations need to provide adequate mental health care services now and in the future.

Overall, this survey helped us understand their current mental health service offerings, organizational capacity, challenges experienced, and advocacy needs. The survey had distinct sections for demographics and mental health services. There were multiple choice questions as well as open-ended questions that required short responses.

# **ASIAN AMERICAN MENTAL HEALTH ROUNDTABLE MEMBERS**

**Arab American Association of New York (AAANY)**

**Arab American Family Support Center (AAFSC)**

**Asian Americans for Equality (AAFE)**

**Council of Peoples Organization (COPO)**

**Garden of Hope (GOH)**

**Hamilton-Madison House (HMH)**

**India Home**

**Japanese American Social Services, Inc. (JASSI)**

**Korean American Family Service Center (KAFSC)**

**Korean Community Services of Metropolitan New York (KCS)**

**South Asian Council for Social Services (SACSS)**

**Sapna NYC**

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