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Message from the Editors

Culture and Mental Health:
Risk, Prevention and Treatment for Asian Americans

Gilbert C. Gee, Phillip D. Akutsu, and Margaret Shih

Although the number of Asian Americans, Native Hawaiians, and Pacific Islanders (AANHPI) has grown from three million to over sixteen million in the past thirty years (U.S. Census Bureau, 2010), there are still major limitations to our basic understanding about the mental health and service needs of AANHPI groups in the United States. This is unfortunate, as nearly a decade has passed since the Surgeon General's landmark report on culture, race, and mental health (Department of Health and Human Services [DHSS], 2001). The report acknowledged the contributions of many important scholars, but also indicated that the knowledge base remained insufficient and required immediate attention.

Since the Surgeon General's report, there have been many new developments related to research on AANHPIs. One prominent effort has been the National Latino and Asian American Study (NLAAS), led by David Takeuchi and Margarita Alegria (Alegria et al., 2006; Takeuchi et al., 2007). The NLAAS used state-of-the-art methods to assess prevalence rates of DSM-IV-TR mental disorders and employed a national probability sample. Just as importantly, the NLAAS contained key measures of social exposures (e.g., family conflict, social support, poverty, racial discrimination, and immigration history) and health service utilization (e.g. mental health services, pharmacological agents). The NLAAS data are now in the public domain and part of a collection of studies known as the Collaborative Psychiatric Epidemiologic Studies, which allow researchers to compare Asian Americans with African Americans, Latinos, and Whites (Alegria and Takeuchi, 2009).

Many of the factors associated with mental illness for other racial minority communities, such as ethnic identity, racial discrimination, and stigma, may also be relevant to AANHPI populations. For instance, research on African Americans has found that

racial identity and discrimination may be related to mental health (Sellers et al., 2006). Other studies suggest that these factors are also relevant for Asian Americans (Yip et al., 2008).

At the same time, AANHPIs have unique characteristics that set them apart from other racial/ethnic groups. The economic, linguistic, and cultural differences within AANHPIs have been more than sufficiently documented in the literature. Recent studies continue to verify the findings of older studies that show mental disorders are related to gender and immigrant status (Takeuchi et al., 2007) and that Asian Americans tend to underuse mental health services (Abe-Kim et al., 2007). Most pressing is the issue of service underutilization by Asian Americans, which many have speculated may result from factors relating to cultural differences in explanatory frameworks for mental illness, the stigma attached to psychopathology, and barriers to treatment due to service providers, insurers, and social policies.

This special issue of AAPI Nexus highlights some of the emergent research on mental health status, clinical need, and service access for AANHPIs. The impetus for this special issue began many years ago when we first thought of organizing a series of conferences that would focus on the mental health needs of AANHPIs from a trans-disciplinary perspective. We had hoped to create an interesting scientific discourse at these conferences which would draw from divergent points of view from such disciplines as psychology, psychiatry, social work, public health, ethnic studies, nursing, and business. In this special issue, we are presenting selected papers from the first of these two conferences, held at the University of California, Los Angeles in Spring 2010.

Researchers have long recognized that mental health or psychological well-being is produced by complex factors operating at multiple levels, from the broadest macro level to the meso level to the micro-level (Bronfenbrenner, 1979). The current collection of papers represents these multiple levels, ranging from the policy and funding climate, to service providers to individuals. At the most macro level, Marguerite Ro and Wendy Ho review the current policies and legislation related to mental health. Frederick Leong and Zornitsa Kalibatseva discuss the context of research funding and training and provide an overview of comparative effectiveness research. At a meso-level, Phillip Akutsu and his colleagues focus on the client and clinic characteristics related to pre-intake attrition of clinical treatment. And at

a more micro-level, Van Ta and her colleagues examine how Native Hawaiian women view depression and cultural identity.

Ro and Ho summarize the current federal and state policies and legislation that focus on mental health treatment and service delivery that are particularly relevant for AANHPIs. The review indicates some optimistic developments, including a sizable investment from the American Recovery and Reinvestment Act of 2009 to expand the mental health workforce. Furthermore, California's effort to establish a strategic plan to reduce mental health stigma and discrimination is laudable. Yet, in a sobering note, the authors indicate that funding of mental health services is likely to receive substantial cuts in the future. Indeed, many policies and legislations designed to prevent and treat mental illness and to decrease service inequities, such as California's Mental Health Services Act, are now seeing major reductions in spending.

Ro and Ho also reported that AANHPIs are underrepresented in the mental health workforce. They noted, for instance, that only 1.5 percent of psychologists have an AANHPI background. This suggests that the issue of ethnic matching may be impractical, particularly in areas where the AANHPI representation is quite small. Ro and Ho argue that it is very important to map out specific areas and plans that are tangible and feasible in addressing the underserved needs of AANHPI populations during this economic downturn. Without such strategies, they suggest that it is possible that service delivery systems will continue to falter.

In the second paper, Leong and Kalibatseva review the research climate and provide a useful overview of *comparative effectiveness research* (CER). CER is the latest evolution of evaluation research and differentiates itself from past evaluation frameworks by making the explicit assumption that there exist two or more interventions that are potentially useful. As noted in the paper, the Institute of Medicine (IOM) lists six defining characteristics of CER that have particular relevance to AANHPI populations. The first characteristic is the recommendation to list results at the population and subgroup levels. This point provides the motivation for community members to ask the research community to investigate AANHPI subgroups—and provide sufficient oversamples—in mainstream studies. The second IOM characteristic is that CER should measure outcomes that are important to clients. This provides the justification for AANHPI community members to advocate for new theoretical models and

constructs (e.g., loss of language), along with new instrumentation. This characteristic can be both complementary to the CER characteristic of informing a specific clinical decision as well as provide an important counterbalance to avoid CER research that is non-relevant to AANHPI populations.

But perhaps the most important message in the article by Leong and Kalibatseva is related to the "differential research infrastructure." This point not only highlights the need to develop a pipeline of junior investigators trained to study AANHPI groups, but also to stimulate more funding and foster a research climate that is responsive to issues related to AANHPI populations. The keyword "differential" may even be too soft, as at times, the climate may be inimical to issues relevant to AANHPI populations, as illustrated in the retreat by some agencies from supporting community-based participatory research.

At the meso-level, Akutsu and his colleagues discuss pre-intake attrition, the issue of clients not showing up to their initial appointment to see a mental health provider. This appointment is critical in helping to assess the potential needs of the client and to triage clients to an appropriate provider. With regards to the clients themselves, younger persons and those who had more urgent mental health problems were more likely to attend the initial appointment. Other client factors, such as primary language, gender, prior history of mental health treatment, and the type of problem were not significant correlates of attending the initial appointment.

Akutsu and his colleagues' study suggest that several provider-level factors are correlated with attrition. Specifically, they find that East Asian clients who are matched with East Asian providers, and Southeast-Asian clients who are matched with Southeast-Asian providers are more likely to attend the initial appointment. They also find that clients were more likely to attend this appointment when the therapist assigned to the appointment was the same person who conducted an initial pre-screening interview. Taken together, the study suggests that a key factor in motivating attendance is fostering some kind of personal connection between the provider and the client even before formal treatment has begun.

Interestingly, while Ro's paper suggests that ethnic matching may be impractical, the findings from Akutsu's paper imply that one of the simplest ways to encourage AANHPIs to attend their intake appointment is for the therapists themselves to contact the

prospective client and schedule the intake appointment. In many places, an administrative assistant makes these appointments, and it would be an interesting experiment to see if having the therapist making this appointment decreases intake attrition, particularly among clients who are most reluctant to see a therapist. This idea is consistent with recent research that emphasizes the importance of increasing client engagement before the intake session.

Spanning both the micro- and meso-levels, Ta and her colleagues conducted an ethnographic study that examined how Native Hawaiian women conceptualized their ethnic and cultural identities and whether such cultural perceptions played a role in reported levels of depression. Not surprisingly, Hawaiian ethnic identity was found to be related to social ties, such as being raised in a Hawaiian family system or belonging to Hawaiian cultural organizations. Most intriguing, however, was that several respondents pointed to specific historical periods, such as the 1950s, as being highly influential in shaping their sense of cultural identity and self-concept. The literature has emphasized how ethnic identity is highly contextually dependent, but time is generally referenced in terms of developmental ages (e.g., young adulthood). Ta's study suggests that events from discrete historical periods can shape one's sense of identity, and opens the possibility for future studies to consider how age, period, and cohort (and local context) may simultaneously shape one's multiple identities.

Ta and her colleagues' ethnography also supports studies among other ethnic populations showing that factors like racial oppression, negative life events, and low social support are related to women's explanatory frameworks for depression. Furthermore, the authors found heterogeneity in the Native Hawaiian women's beliefs that depression is caused by mental and physical illnesses. Taken together, it appears there are specific contextual factors that can encourage the adoption of a Native Hawaiian ethnic identity and this process can influence views about depression. However, some of these Native Hawaiian women also described their depression in similar ways to other ethnic populations in the mental health literature.

Challenges and Future Directions

Despite these promising developments, current studies continue to raise several unresolved questions. We discuss two questions related to heterogeneity and culture.

Heterogeneity

First, AANHPI researchers have been successful in raising awareness about the heterogeneity within the AANHPI population. Many mainstream researchers now recognize the diversity within this population. Despite this recognition, relatively few studies empirically analyze the possible influence of this heterogeneity among AANHPIs. Moreover, this issue of heterogeneity for AANHPI groups raises two major conundrums for researchers. The first problem focuses on an analytical or statistical procedure when studying AANHPI groups. Studies that explicitly seek to document ethnic group differences, but then resort to stratified models (e.g., separate models for Koreans, Tongans, etc.), are performing an incorrect test for ethnic differences. Once we stratify our analysis by ethnicity, we lose our ability to directly test across groups (there is a statistical procedure called the Chow test that is useful in limited circumstances, but it does not fully rectify the problem). The testing of group differences requires that we examine interaction terms between ethnicity and the theoretically relevant factor.

While the analytical problems are important, the conceptual problems are even more so. There are few theoretical models that pose *a priori* specifications about group heterogeneity. For instance, consider a study that wants to investigate the relationship between stereotype threat and psychological distress. One might choose to see if this relationship differs between Thais, Fijians, and Sri Lankans. While these groups may differ with respect to many characteristics, such as socioeconomic position and immigration history, there is no clear theory that would suggest that Thais should react to stereotype threat any differently from Fijians or Sri Lankans. Studies that conduct between-group tests and then speculate about these differences in post-hoc discussions are often unsatisfactory. Thus, there is a critical need to develop theories of heterogeneity.

Culture

Culture is a difficult area to study because it is contextually dependent. For example, what is "American culture" and how would we measure its existence? The rhetoric from the nightly news might suggest that there are two American cultures, one for political liberals and the other for conservatives. Alternatively, do we mean the culture of Hollywood, New Orleans, or Boston? Do we refer to the historical period before 9/11, during the Civil Rights movement, or

during the Civil War? What about "traditional" culture? Whose traditions are being represented, and for what period? Recognizing that culture is both geographically and temporally dependent raises major questions about studies that declare simplistic differences between "Western" and "Asian" cultures. Herein lies the tension between studies that argue for disaggregation versus those that attempt to talk about generic "Asian" cultures.

As the field develops, we should consider more seriously the theoretical development of heterogeneity, particularly with regard to culture. Studies of AANHPIs need to consider the boundaries of culture in a specific historical and geographical context, as suggested by Ta. Furthermore, other cultural contexts require scholarly analysis. This includes the broader cultural shifts at funding agencies, as suggested by Leong, that have de-emphasized the social contexts that produce mental illness in favor of a more narrow focus on psychopathology. These changes in funding priorities have great implications for AANHPIs, as they move away from a community-based perspective. Accordingly, AANHPI scholars, activists, and members of the community at-large should pay increasing attention not only to the visible policies that affect access to care, as summarized by Ro and Ho, but also to the less visible policies at funding agencies.

We believe that research that emphasizes a community-based, trans-disciplinary and multi-level perspective will improve the mental health and treatment of AANHPI populations. This perspective further implies that some upstream policies that impact well-being more generally may further impact mental health. This issue ends with a non-themed article by Paul Ong and Albert Lee entitled, "Asian Americans and Redistricting: Empowering Through Electoral Boundaries. " In this timely piece, the authors analyze the challenges of building "communities of common interest, " which help to preserve Asian American neighborhoods. With the 2010 decennial Census data, it will be very important for Asian Americans to engage in discussions about redistricting, which is connected to the formation of Asian-influenced electoral districts and Asian American elected officials. In their paper, Ong and Lee advocate for the need to bridge gaps and form coalitions to build a stronger voice for political empowerment in the Asian American community. In many ways, this call for collaboration and unity is also a primary directive in the themed papers in the special issue on Asian Americans and men-

tal health. Given the current state of limited funding, resources, and manpower to support mental health research and service delivery, it will be imperative for culturally diverse Asian American groups to work together, as suggested by Ong and Lee, to garner stronger representation in the mental health, public policy, and political arenas.

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Gilbert C. Gee, Ph.D., is an Associate Professor in the School of Public Health at the University of California, Los Angeles. He completed his bachelors in neuroscience from Oberlin College, his doctorate in public health from the Johns Hopkins University, and postdoctoral training in sociology from Indiana University. Prior to UCLA, he was on the faculty at the University of Michigan. Dr. Gee's research focuses on the measurement of racial discrimination at multiple levels, and in assessing how these forms of discrimination are related to health problems. His current research includes studies in the United States, Japan and the Philippines. Among these studies are the following projects: (1) a longitudinal transnational study that examines how experiences with racial bias change with migration; (2) the development of a valid and reliable instrument to assess racial/ethnic discrimination; (3) use of paired-testing methods to assess discrimination in seeking health care. His research has received several recognitions, including the "Best Published Paper of 2007" from the Asian and Pacific Islander Caucus of the American Public Health Association; two Scientific and Technical Achievement Awards in 2008 from the Environmental Protection Agency; and a Merit Award from the National Institutes of Health in 2008.

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