

# Mental Health Care among Asian Americans: Results from the National Latino and Asian American Study (NLAAS)

Hoa Bui Appel, PhD, MPH  
University of Washington  
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# Study's Objectives

- Examine Asian Americans' mental health services, health insurance coverage and access to health care.
- Identify barriers to mental health care

# Learning Objectives

- Identify five barriers to obtaining health care for minority populations.
- Discuss four reasons disparities in mental health care exist among minority populations, especially for those with Medicaid.
- List four ways to alleviate racial and ethnic disparities in health care among minorities living in the U.S.

# Methods

1. Collaborative Psychiatric Epidemiologic Studies (CPES)  
(Heeringa et al. 2004; Int J Methods Psychiatr Res,13:221-240)
2. National Comorbidity Survey Replication (NCS-R)  
(Wang et al. 2005; Arch Gen Psychiatr, 62:629-640)
3. National Survey of American Life (NSAL)  
(Pennell et al. 2004; Int J Methods Psychiatr Res,13:241-269)

## Methods: Sample

- ◆ 2095 respondents from NLAAS
- ◆ Asian Americans  $\geq 18$  y.o.
- ◆ Chinese, Filipino, Vietnamese, and other Asian ancestry

## Methods: Measures

1. NLAAS instrument available in English, Spanish, Mandarin, Chinese, Tagalog and Vietnamese
2. Nativity: US-born or foreign-born
3. Years in US
4. English proficiency

## Methods: Use

- ◆ Service Use: “In the past 12 mos, did you go to see [provider] for problems with your emotions, nerves, or your use of alcohol or drugs?”
  
- ◆ Types of Services
  1. Specialty mental health care
  2. General medical care
  3. Any services

## Methods: Treatment Ratings

- ◆ **Satisfaction with care** assessed with “In general, how satisfied are you with the treatments and services you received from [service provider] in the past 12 months?”
- ◆ Percentages of responses of “very satisfied and satisfied” were identified.
  
- ◆ **Perceived helpfulness** “Did the [service provider] help you a lot, some, a little, or not at all?”
- ◆ Percentages of responses of rating “a lot” were identified



# Results

- ◆ In past 12 mos:
- ◆ 8.6% sought help from “any services”
- ◆ 4.3% from “general medical providers”
- ◆ 3.1% from “mental health providers”
- ◆ 62% excellent/good English
- ◆ 38% fair/poor English
- ◆ 82% lived in US 6+ yrs

## Results: Service Use

- ◆ US-born individuals used “any services” at higher rates than individuals born outside US (12.7% v. 7.3%)
- ◆ Higher rates for “specialty mental health care” (6.2% v. 2.2%)
- ◆ Experiences of different services varied little.
- ◆ Sample stratified into with and w/o DSM-IV diagnosis during 12 mos

## Results cont.

- ◆ 8% Medicaid
- ◆ 16% uninsured
- ◆ 76% private insurance
- ◆ 78% foreign-born
- ◆ 66% married

## Results cont.

- ◆ 8.6% Asian Americans sought help from any services use, compared with 17.9% of general population  
(Kessler et al. 2005; *Arch Gen Psychiatry* 62(6):617-627).
- ◆ 34.1% of all Asian Americans who had probable DSM-IV diagnosis during 12 mos period sought any services v. 41.1% of all individuals who had DSM-IV diag. during 12-month period in NCS-R  
(Kessler et al. 2005; *Arch Gen Psychiatry* 62(6):617-627).

# Discussion

- ◆ Asian Americans have lower rates of mental health-related service use compared with general population
- ◆ 34.1% Asian Am. with probable DSM-V compared with 41.1% all individuals with DSM-IV diagnosis during 12 mos. in NCS-R sample
- ◆ Differences in use of services between immigrants and US-born individuals
- ◆ 2<sup>nd</sup> and 3<sup>rd</sup> gen. individuals

## Discussion cont.

- ◆ Barriers identified as negatively affecting the use of mental health-related services  
(Leong et al. 2001; Ment Health Serv Res, 3:201-214)
- ◆ Culturally unresponsive services  
(Sue et al. 1991; J Consult Clin Psychol., 59:533-540)
- ◆ Limited access to care  
(Abe-Kim & Takeuchi 1996; Clin Psychol: Sci Pract, 3:273-295)
- ◆ Lack of awareness/understanding of services  
(Uehara et al. 1994; Am J Comm Psychol, 22:83-99)
- ◆ Unfamiliarity with Western treatment  
(Kim & Omizo 2003; Counsel Psychol, 31:343-361.)

## Discussion cont.

- ◆ Disparities in Mental Health and Medicaid  
(Berk & Schur 1998; Health Affairs, 17:169-180)
- ◆ Asian Americans are less satisfied with their medical care than American counterparts  
(Ngo-Metzger et al.2004; J Gen Intern Med, 19:111-119)
- ◆ Reluctant to seek services  
(Cheung & Snowden 1990; Comm Ment Health J, 26:277-291;  
Ying & Hu 1994; Am J Orthopsych, 64:448-455)

## Discussion cont.

- ◆ Alleviating disparities in health care among minorities include:
  1. Cultural sensitivity
  2. Increase awareness or understanding of services among minorities
  3. Increase access to care
  4. Encourage help-seeking



# Limitations

- ◆ Survey used retrospective measures of service use and diagnosis
- ◆ Focus was on immigration-related characteristics, didn't consider other factors
- ◆ "other Asians" lumped together

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