



AA & NHPI Mental Health During the Pandemic

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AAs and NHPIs HAD MENTAL HEALTH DISPARITIES BEFORE COVID-19

- While AAs are seen as the **model minority**, have heightened rates of depression, anxiety, and suicide
- Especially among AA youth who have higher rate of suicide attempts (8.5%) vs. general U.S. pop (6.7%).

(Subica & Wu, 2017)

- **AA women over 65 years have the highest rates of suicide completion of all racial groups**



AAs and NHPIs HAD MENTAL HEALTH DISPARITIES BEFORE COVID-19

- Little disaggregated data on NHPIs
 - NHPI youth have 2x greater rates of suicide attempts (15.0%) vs. the general U.S. pop (6.7%).
(Subica & Wu, 2017)
 - NHPI adults have 3x rates of major depression, 2x rates of generalized anxiety, and 4x rates of alcohol use disorder vs. general U.S. pop. (Subica et al., 2018)

COVID-19 IS STRESSFUL!

We expect to see increases in mental health and substance use problems in the pandemic

- Research indicates globally, COVID-19 linked to problems involving stress, anxiety, depression, insomnia, anger, and discrimination (Torales et al., 2020)
- Prolonged lockdown has adverse impacts on mental health, especially among younger individuals (12-21 years). (Wang et al., 2020)

COVID-19 IS STRESSFUL!

- AAs and NHPIs are dealing with multiple stressors
 - Essential workers battle fears of exposure and of infecting family members
- Some communities are greatly affected by high rates of COVID-19 hospitalizations and death
- Loss of key coping resources
 - Church, family gatherings/celebrations, social interaction
- **AA and NHPI COVID-19 DISCRIMINATION**



MAIN CHALLENGE: Treatment Seeking

- Asian Americans use mental health treatment services about 1/3rd the rate of White Americans.
- AAPIs seek substance use treatment services at 1/2 the rate of U.S. pop. (5.3% vs 10.7%) (SAMHSA, 2004)
- 71% of NHPIs reporting needing past-year mental health treatment avoided or delayed needed treatment (Subica et al., 2020)



MANY VALID REASONS

- ❑ **Western services not sensitive to AA and NHPI cultures**
 - ❑ Lack of culturally responsive treatments/providers
- ❑ **Mental health education not effective or appropriately delivered**



MANY VALID REASONS

- ❑ **Mental health stigma exists in AA and NHPI communities**
- ❑ **Expectation that family takes care of people with mental illness**



POLICY RECOMMENDATIONS

- Need more funding and data involving AA and NHPPI mental health and substance use
 - Important to identify differences between subgroups
- More attention, funding, and research for education and outreach to AAs and NHPPIs in distress

POLICY RECOMMENDATIONS

- Increased funding to understand and combat COVID-19 long-term effects on AA and NHPI communities
- Need more programs to reduce risk factors for COVID-19 (especially stronger tobacco and vaping policies & research)
- More people from these communities working on AA and NHPI research and services

STAYING CONNECTED

- *AAs and NHPs have a broader perspective on mental health and health than many Western cultures.*
- *Offers strong coping resources during times of stress.*
- ▢ *What heals the mind, heals the body.”*

HEALTH = MIND-BODY-SPIRIT Connection

- ▢ *“Healing the spirit, heals the mind and body.”*
 - ▢ *Faith, churches, family, nature all provide important health resources*

STRATEGIES FOR COPING

- **Embrace spiritual needs**
 - Mindfulness, meditation, deep breathing, yoga
 - Faith and prayer
 - Connecting to nature (going for walks)
- **Encourage talking with family, friends, clergy for people you know who are feeling stressed, upset, or worried**
 - Many people are struggling in some way to adapt to our new circumstances
 - Do not keep feelings inside, share them with others
- **Take a break**
 - Take time to do activities you enjoy (while maintaining social distance)

COPING WITH COVID-19 STRESS

- <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html>
- https://www.harvard.edu/sites/default/files/content/coronavirus_HUHS_managing_fears_A2%5B5%5D.pdf
- <https://www.helpguide.org/articles/anxiety/coronavirus-anxiety.html>