AA & NHPI Mental Health During the Pandemic

Andrew Subica, Ph.D.
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 NHPI mental health and substance use
  - Important to identify differences between subgroups

- More attention, funding, and research for education and outreach to AAs and NHPIs 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 NHPIs 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-SPRIT 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.harvard.edu/sites/default/files/content/coronavirus_HUHS_managing_fears_A2%5B5%5D.pdf