Statement of Cao K. O, Executive Director
Asian American Federation of New York
before
The New York State Assembly
Standing Committee on Mental Health, Mental Retardation and Developmental Disabilities,
The Puerto Rican/Hispanic Task Force, and
The Task Force on Women’s Issues

December 7th, 2006
New York

Good morning. My name is Cao O, and I am Executive Director of the Asian American Federation of New York, which represents 40 community-based organizations serving Asian Americans in the New York metropolitan area. I would like to commend the Assembly Mental Health Committee and the two Task Forces for holding this very significant public hearing on women and suicide, a subject matter that is a growing public health concern but has yet been widely recognized, particularly in the Asian American community. I thank Committee Chairman Peter Rivera for inviting me to testify today. I will focus my testimony on the need for more research as well as the need to strengthen the capacity of Asian American mental health programs and their linkages to other types of services to youth, women, and seniors. I will also offer a few specific recommendations.

Knowledge Gaps

While reports from the Centers for Disease Control and the American Psychological Association about the high suicide rates among Asian American women between 15 and 24 and over 65 are very significant, it is unclear though to what extent the situation in New York is consistent with the national phenomenon. There has been little research done in New York to inform a locally relevant knowledge base as well as suicide prevention strategies concerning Asian American women.
According to the official population estimates recently released by the U.S. Census Bureau, there are slightly over one million Asian Americans living in New York City, and a little over fifty percent of whom are women. The majority of Asian New Yorkers are foreign born --- between 60 – 70% for young women 15 - 24 years old, and 96% for elderly women 65 years or older. Culturally, the Asian American population is very diverse, and each subgroup has its unique experiences as a community. The 2005 American Community Survey household population data show the diversity of these segments of the female population as follows:

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Asian Alone</th>
<th>Chinese Alone</th>
<th>Indian Alone</th>
<th>Korean Alone</th>
<th>Filipino Alone</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-17</td>
<td>14,511</td>
<td>5,358</td>
<td>4,952</td>
<td>1,151</td>
<td>913</td>
</tr>
<tr>
<td>18-24</td>
<td>35,362</td>
<td>15,209</td>
<td>8,596</td>
<td>4,592</td>
<td>2,070</td>
</tr>
<tr>
<td>65+</td>
<td>43,988</td>
<td>26,447</td>
<td>3,837</td>
<td>3,642</td>
<td>6,207</td>
</tr>
</tbody>
</table>

Existing knowledge about Asian American suicides in New York is limited and anecdotal. There have been occasional news reports about local incidents of suicide involving Asian women of various ages, including college students and middle-aged women. According to Asian LifeNet of the Mental Health Association of New York, between January 1, 2005 and November 30, 2006, there were four phone calls to the hotline from individuals who self-reported their suicidal thoughts. These callers were adults, one male and three female. During the same time period, by far the biggest number of calls to Asian LifeNet came from individuals who reported depression as the reason for making the call (734), and 56% of the callers were female. Among the female callers, 294 were adult, 31 young adult, 24 adolescent, and 35 elderly.

Many service providers have observed that Asian children and teenagers are highly prone to depression. Pressure to succeed in school, family conflicts, women’s sense of identity and self-worth in the family, as well as stress associated with being new immigrants have been mentioned as factors contributing to depression. Clearly, more research on the mental health needs of Asian American children and youth in New York is needed.

In a study of Asian American mental health needs a year after the September 11th World Trade Center attacks, the Federation documented the lingering emotional effects experienced by family members of the Asian victims in the metropolitan area, plus children and elders in Manhattan’s Chinatown. Suicidal thoughts or feelings as part of their psychological reactions to the tragedy were identified among some South Asian study participants. Children in Chinatown reported having nightmares, expressed fears and concerns about safety, felt anxious due to increased family tension and parental worries about finances, and described an overall sense of loss related to the decline in the quality of their lives. Elderly study participants complained about post-traumatic stress.
symptoms, expressed a sense of grief and loss toward the attack on the Twin Towers, and suffered from a sense of hopelessness and helplessness toward their lives and the future\(^1\).

In a study of Asian elders in New York City that the Federation conducted based on field interviews administered in 2000, one of the key findings is that Asian elders experience depression at a higher rate than the general elderly population, with 40% reporting depressive symptoms ranging from mild to severe. Risk factors of depression identified include living arrangements, marital status, poor physical health, stressful life changes, as well as experience of a greater cultural gap between themselves and their children\(^2\).

**Service Capacity and Linkages**

Next, I would like to discuss the need to strengthen the capacity of mental health programs serving Asian Americans as well as linkages between mental health and other service providers for greater effectiveness in suicide prevention.

Existing licensed Asian American mental health programs have played a very important role in addressing the community’s needs. Nevertheless, there are some continued challenges and critical service gaps as follows:

- Existing mental health programs are generally operating at full capacity and with a long waiting list.
- Bilingual and culturally competent clinical professionals are in short supply.
- Most programs serve primarily adults, and few offer specialized intervention such as in child or geriatric mental health.
- There is very limited availability of services targeting the growing South Asian population.

Meanwhile, most non-mental health programs serving Asian American children, youth, and seniors are not staffed by professionals with knowledge or experience in mental health. Their linkages with mental health providers are mostly for case referral purposes. Few professionally guided mental health prevention activities take place in those programs on a regular basis.

There are tremendous cultural barriers to mental health care for Asian Americans. Asians tend to associate mental illness with stigmas. Also, the concept of seeking mental health counseling is very foreign to them. The Federation’s post-9/11 mental health study concluded the following concerning mental health service utilization:

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Among family members of World Trade Center victims, avoidance and self-distraction were common methods of dealing with their loss. Their coping mechanisms also included informal contact with relatives and friends, as well as culturally-based alternative healing methods such as palm reading and astrology. Religion and spirituality played a significant role in the way many families dealt with their loss.

Similarly, the elders in Chinatown avoided emotional issues by keeping themselves busy with senior center activities. Children generally used the same coping methods as their parents, avoidance and self-distraction.

Study participants reported low mental health service utilization. They largely perceived professional mental health services to be unhelpful, inappropriate, or irrelevant. In addition, they preferred culturally embedded means of alleviating physical symptoms of their stress, such as the use of herbal medicines and acupuncture over Western therapies.

Recommendations

There are many dots to connect in order to improve mental health care and particularly suicide prevention for Asian Americans. Below are a few recommendations:

1. Increase linkages and collaboration between mental health service providers and other programs serving children, women, and seniors as well as venues where individuals go to for regular activities, concrete help or emotional support --- These venues may include schools, health clinics, after-school programs, senior centers, and place of worship. An effective mental health care approach would be to have mental health professionals out-stationed at those natural settings to conduct mental health screenings and education as well as to provide therapeutic social and recreational activities that do not carry the cultural stigma of traditional mental health interventions.

2. Provide mental health training to frontline staff of non-mental health programs --- There should be on-going training programs for non-mental health personnel who work with children, adolescents, women, and seniors, including teachers and school guidance counselors, to increase their awareness of mental health issues and ability to detect signs and symptoms of suicidal tendencies, plus to provide referral sources.

3. Increase professional support to clinical staff --- There should be professional development programs available on an on-going basis to enable mental health staff gain new knowledge and enhance their clinical skills such as in adolescent or geriatric mental health, or working with individuals with suicidal thoughts, etc.
4. **Create multi-faceted public education programs on suicide prevention** --- The State Office of Mental Health has developed a helpful “suicide prevention education awareness kit” in English, Spanish, and Chinese. Additional Asian language translations of the kit would be needed. Also, there should be active public education efforts such as parent education workshops, informational sessions for seniors, etc. Asian ethnic media should also be utilized regularly to promote awareness of mental health issues and available services.

5. The State Office of Mental Health should consider funding support and/or reduce caseload expectation for mental health agencies that outstation their workers at those natural settings and for professional development, public education, and mental health training.

I hope that the public hearing today will spur the momentum for New York State to pursue a comprehensive suicide prevention plan targeting Hispanic and Asian American women. Before I close, I would also like to suggest the following for your consideration:

1. Commission a research study on suicides among Asian Americans in New York. The study should also investigate systemic barriers that exist as well as what would be culturally appropriate therapeutic intervention.

2. Convene a multi-disciplinary Asian American suicide prevention task force. This task force could provide input and guidance to the proposed research study, assess all the recommendations gathered today, and advise the State Assembly Committee on Mental Health and the State Office of Mental Health on developing realistic, sustainable suicide prevention initiatives.

3. Convene discussions with philanthropic institutions to develop funding partnerships to support those new initiatives.

Thank you very much for your attention.