Mental Distress and Service Utilization Disparities in Asian American Populations

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Abstract

The recent prevalence of Asian American (AA) adults of disaggregated ethnic groups with mild to severe mental distress receiving professional mental health treatment is largely unknown. Using self-reports from 381,989 respondents in the 2006-2018 National Health Interview Survey, we found that AA ethnic subgroups had twice the reported severe mental distress than non-Hispanic Whites. AA ethnic subgroups were half as less likely to visit mental health professionals than non-Hispanic whites (NHW) with matched mental distress levels, after controlling for sociodemographic variables. Respondents who were born in the U.S. were more likely to visit a mental health professional than those who were not. Respondents over 65 were less likely to visit a mental health professional than any other age group. Overall, the lower prevalence of mental health service utilization for increasing mental distress among Asian Indian, Chinese, and Filipino American individuals (in comparison to NHWs) may indicate a need for culturally-specific mental health education and outreach efforts.

Keywords: Asian American, psychological distress, mental health service utilization, NHIS, disparities

1. Introduction

As a single group, Asian Americans have significantly lower utilization of mental health services than almost all other racial and ethnic groups, except for African Americans (Augusberger et al., 2015; Cheng et al., 2017; Kim, 2011; Lee et al., 2011; Sue et al., 2012). Asian Americans generally report lower prevalence of both general mental health disorders and their severities as compared to other racial groups (Alvarez et al., 2019; Cheng et al., 2017; Lee et al., 2011; Sue et al., 2012).

The decreased mental health disorder prevalence is postulated to be an underreporting due to a well-known cultural stigma against the acknowledgment of mental health issues, which can lead to further decrements in receiving proper treatment (Augusberger et al., 2015; Sue et al., 2012). Considerable variation in mental health disorder prevalence and care utilization may exist between AA subgroups. However, most studies fail to look closely at individual Asian subgroups, which vary considerably in country of origin and cultural influences, and which may affect mental health disorder development and mental health care service utilization.

In this study, our team explored the prevalence of mental distress and mental health service utilization in Asian American (AA) adults (overall and by three major subgroups) in comparison to their non-Hispanic White counterparts of the same age, sex, and socioeconomic status, with the same severity of mental distress. Secondarily, we also compared rates of Asian Americans with mental distress with other major racial and ethnic groups.

2 Method

2.1 IRB & Funding

This study was determined to be non-human subjects research by Stanford Institutional Review Board (Protocol #: 57474; Protocol Title: Racial and Ethnic Differences in National Health Interview Survey Dataset). This study was funded by the Stanford Center for Asian Health Research and Education. Research reported in this publication was supported by the National Center For Advancing Translational Sciences of the National Institutes of Health under Award Number UL1TR003142. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

2.2 Study Design, Data Source, and Variables

We conducted an observational, cross-sectional study consisting of publicly available data in the
National Health Interview Surveys (NHIS) from 2006 to 2018.

We utilized social and demographic NHIS variables within the NHIS Sample Adult and Person files including race/ethnicity, age, sex, place of birth/nativity, highest education attainment and family income. We included medical information such as self-reported health status, self-reported mental distress (Kessler-6), and any professional mental health service utilization within the last 12 months.

The Kessler-6 (K6) scale was used to identify non-specific psychological distress, based on the responses to a set of six standardized questions (Kessler et al., 2002).

2.3 Statistical Analysis

Descriptive bivariate statistical analyses were performed for race against all other variables. Simple time series analyses were performed to study the trends in mild to severe mental distress among Asian ethnic groups and non-Hispanic whites from 2006 to 2018. We pooled the cross sectional data from all years and used multiple logistic regression analysis to compare the utilization of mental health services among Asian ethnic groups with non-Hispanic-white adults. In a stepwise fashion, we controlled for sociodemographic characteristics and other potential confounders. All statistical analyses were weighted to account for the NHIS cluster sampling method.

3. Results

3.1 Mental Health Distress

The prevalence of mental distress was highest among NHWs for all mental distress categories (mild=38.5%, moderate=11.3%, severe=4.4%). The ratio of reported mental distress between NHWs and AA groups was especially prominent within the severe category (Kessler-6 >12), where the proportion of NHWs who reported severe mental health distress were double that of Asian Indians (2.1%) and Chinese (2.2%), and 1.5 times that of Filipinos (2.9%).

Figure 1 displays the prevalence for self-reported mild to severe mental distress for AA subgroups and NHWs from 2006 to 2018. Overall, we observed a 9% increase in mental distress for all groups (Pearson’s Correlation: 0.44, p < 0.05). Although the prevalence of self-reported mental distress was lower among AA subgroups, mental distress increased significantly for all AA subgroups (Asian Indian: Pearson’s Correlation 0.63, p = 0.02; Chinese: 0.77, p < 0.05; Filipino: 0.77, p < 0.05) and NHWs (0.75, p < 0.05) from 2006 to 2018. Among the four racial groups, Chinese had the highest rate of increase, closely followed by Filipinos. The trends were similar for Asian Indians and NHWs.

3.2 Mental Health Service Utilization

Mental health service utilization rate was the highest among NHWs, with 8.4% reporting to have visited a mental health professional within the past year -- nearly double that of Filipinos (4.4%) and nearly triple that of Asian Indians (2.8%) and Chinese (3.3%).

Figure 2 displays the trends for mental health service utilization among AA subgroups and NHWs from 2006 to 2018. Despite an average increase of 9% in mental distress for all groups over this 13-year time frame, we found almost no increase in mental health service utilization for Asian Indians (Pearson’s Correlation: 0.28, p = 0.36) and Chinese (0.13, p = 0.67). Although Filipinos (0.73, p < 0.05) and NHWs (0.84, p < 0.05) exhibited closer degrees of increase in mental health service utilization, this was not proportional to the increase in mental distress.

Figure 3 displays the results of our final multiple logistic regression results. Asian Indians (AOR=0.51, 95% CI = [0.37, 0.69]), Filipino (AOR=0.61, 95% CI = [0.49, 0.76]), and Chinese (AOR=0.54, 95% CI = [0.42, 0.69]) subgroups had significantly lower odds of utilizing mental health services compared to non-Hispanic Whites, after controlling for sociodemographic variables and health related variables.

People who were 65 years old or older (AOR=0.32, 95% CI = [0.29, 0.36]) were significantly less likely to visit a mental health professional than people who were
status may play a role in both reporting and seeking care of the potential consequences of receiving help. Depressive symptomatology can include the concealment of mental health issues, and these issues are often felt to be a sign of weakness which may bring dishonor or “shame” to a family’s reputation (Augsberger et al., 2015; Choi et al., 2016; Karasz et al., 2019; Sue et al., 2012; E. Kim, 2011; Sue et al., 2012). As such, the increase in reported rates of mental health distress might be due to a greater willingness to report mental distress, or a true increase in mental distress. In this study, Asian Indians reported the lowest prevalence of mental distress and the lowest utilization of mental health services. Despite this, however, South Asian women have some of the highest suicide ideation and depression rates in the United States (Augsberger et al., 2015; Choi et al., 2016; Derr, 2015; Karasz et al., 2019; Sue et al., 2012). With a large immigrant population, Asian Indians may experience difficulty in assimilating to the new host culture, which can include the concealment of mental health issues, utilization of alternative resources, and beliefs that American mental health professionals may not understand their problems and experiences (Augsberger et al., 2015; Choi et al., 2016; Derr, 2015; Sue et al., 2012; Tsai-Chae & Nagata, 2008).

In our study, while Chinese Americans showed similar rates of increasing mental distress as Filipinos, they had a much lower prevalence of mental health service utilization. These differences could indicate decreased stigma towards recognizing mental distress in the Chinese American population, but a continued fear of the potential consequences of receiving help. Nativity status may play a role in both reporting and seeking care for mental distress. We found that Chinese and Filipino Americans also have a larger U.S.-born proportion than Asian Indians (21.3% and 34.5%, respectively, vs. 8.1%), which may indicate greater internal conflict, especially between (immigrant) parents and college-aged (native-born) children, potentially due to differences in lifestyle and differing rates of assimilating to the host culture (Choi et al., 2016; Tsai-Chae & Nagata, 2008; Wyatt et al., 2015).

Finally, Filipino Americans showed similar rates of increase in both reporting mental distress and in utilizing mental health services as NHWs, perhaps because many have been born in the United States and have adopted viewpoints of the host culture regarding the importance of mental health treatment. Amongst Asians, Filipino young adults (18-25 year old age) are the only AA age subgroup with the majority of its population born in the United States. Previous research has shown that mental health utilization patterns among the 1.5 (those who arrived in the United States as children or adolescents) or 2nd generation are similar to those of immigrants. These studies illustrate that mental health service utilization usually starts increasing with the 3rd generation (Augsberger et al., 2015; Choi et al., 2016; G. Kim et al., 2011; Tsai-Chae & Nagata, 2008).

Ethnic groups often have better mental health outcomes with programs tailored to their specific culture. Many agencies who provide Asian mental health services serve a predominantly Medicaid population or historically marginalized populations, like non-South Asian people of color (John et al., 2012). Since many Asian Americans live in middle to high income households, have obtained at least a college degree, and have medical insurance, they may be paradoxically unaware or unable to access Asian-specific mental health services. Furthermore, even when these resources are readily available, they may not be well-known to the public and advertised broadly (Augsberger et al., 2015; E. Kim, 2011).

Our study has several limitations. Observational studies only support association, and cannot indicate causation between reporting and seeking mental health services. Second, NHIS undersampled Asians relative to other groups, potentially obscuring important associations in geographic and cultural differences impacting mental distress and care seeking. Third, the Kessler-6 scale is culturally specific to capture how mental health distress presents in the non-Hispanic White population. For many Asians, mental health distress may present as somatic symptoms of headache, fatigue, GI distress, insomnia or pain, again potentially leading to under-capturing of the true rates of mental health distress amongst Asians.

Despite these limitations, our study provides insight into the state of mental health distress and mental health service utilization by Asian subgroups living in America over the past decade. We found that while rates of reported mental health distress are rising amongst Asian Americans, rates of mental health service utilization have not increased for people of Asian
Indians or Chinese descent. With rising suicide rates amongst Asian subgroups, this study points to the critical importance of normalizing issues of mental health service utilization amongst Asians, with attention to mental health awareness, stigma reduction, and community outreach regarding culturally specific resources.

Figure 3: Likelihood of Using Mental Health Services by Asians and non-Hispanic whites in the National Health Interview Survey, 2006-2018 (weighted adjusted odds ratios)

5. References


