

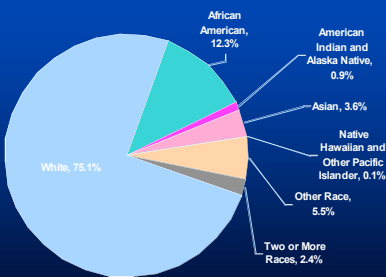
# The Bridge Program

An Effective Model of Providing Behavioral Health to Asian Americans

Teddy Chen, PhD, MSSW  
 Director  
 Mental Health Bridge Program  
 Charles B. Wang Community Health Center

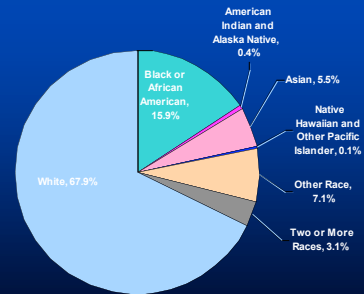
## Asian Americans

### United States Population



Source: US Department of Commerce, Economics and Statistics Administration, U.S. CENSUS BUREAU

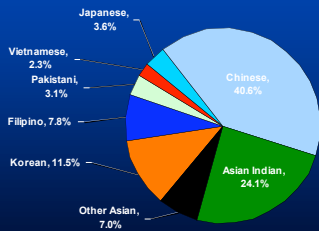
### New York State Population



Source: US Department of Commerce, Economics and Statistics Administration, U.S. CENSUS BUREAU

### New York State – Asian Groups (2000)

TOTAL ASIAN POPULATION: 1,044,976

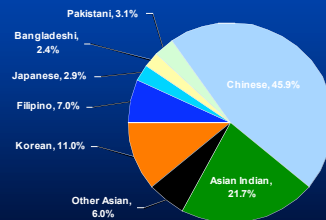


\*Does not include Asian in Combination with any other race.  
 Source: U.S. Census Bureau, Census 2000

Asian American Federation  
 Census Information Center

### New York City – Asian Groups (2000)

TOTAL ASIAN POPULATION: 787,047



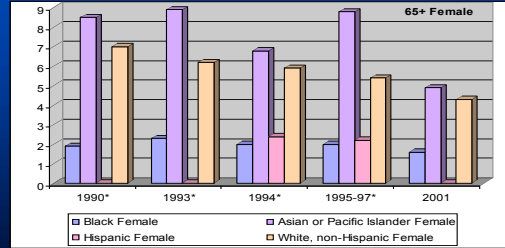
\*Does not include Asian in Combination with any other race.  
 Source: U.S. Census Bureau, Census 2000

Asian American Federation  
 Census Information Center

## Indicators of Needs

## API Females Age 65 and Over still have Highest Suicide Rates

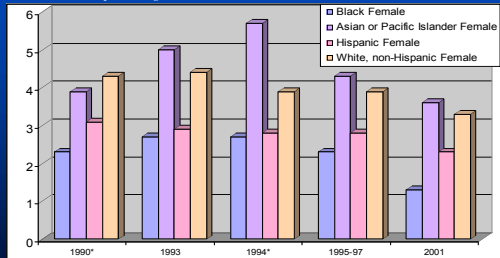
Detailed Race, Hispanic Origin: United States, Selected Years 1990 - 2001



\* Except for 1994 and 1995, fewer than 20 deaths reported in these years for Hispanic females, American Indian females, or Alaska Native females. SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, Grove RD And Hazel AM. Vital Statistics rates in the United States, 1949-65. Washington: Public Health Service, 1968. Vital statistics of the United States, vol II, mortality, part A, for data years 1950-97. Washington: Public Health Service, data compiled by the Division of Health and Education Analysis from data compiled by the Division of Vital Statistics and from national population estimates for race groups from table 1 and unpublished Hispanic population estimates prepared by the Housing and Household Economic Statistics Division, U.S. Bureau of the Census.

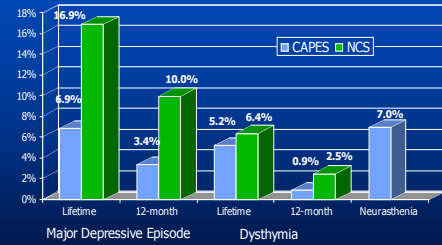
## API Rates for Suicide, Female Age 15-24 Remain High

Detailed Race, Hispanic Origin: United States, Selected Years 1990-2001



\* Fewer than 20 deaths reported in these years for American Indian or Alaska Native females. SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, Grove RD And Hazel AM. Vital Statistics rates in the United States, 1949-65. Washington: Public Health Service, 1968. Vital statistics of the United States, vol II, mortality, part A, for data years 1950-97. Washington: Public Health Service, data compiled by the Division of Health and Education Analysis from data compiled by the Division of Vital Statistics and from national population estimates for race groups from table 1 and unpublished Hispanic population estimates prepared by the Housing and Household Economic Statistics Division, U.S. Bureau of the Census.

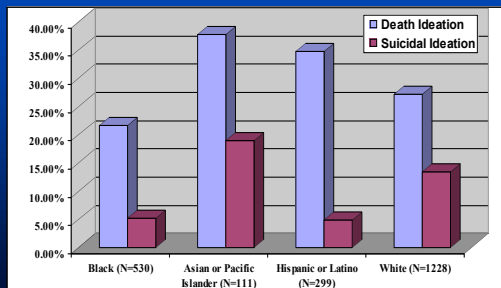
## Prevalence of Depression Among Chinese Americans



Takeuchi, D.T., et al. (1998). American Journal of Psychiatry, 155, 1407-1414.

## Suicide and Death Ideation in Depressed Primary Care Elderly

(Bartels et al. Am J Geriatric Psychiatry, 14(1) 2002, p.417-427)



## High Rates of Major Depression in Primary Health Care

- A two-phase of epidemiological survey of the prevalence of major depressive disorder among Asian Americans in the primary care setting in Boston (N= 503)
- The Chinese version of the Beck Depression Inventory was used
- Positive cases were validated by clinical interview
- The prevalence rate of MDD among Asian-American in the primary care setting was estimated to be 19.6% ± 0.06

Yeung A, Chan R, Mischoulon D, et al. Prevalence of major depressive disorder among Chinese-Americans in primary care. General Hospital Psychiatry 26:24-30, 2004

## The New York Times Report

- Cornell is making a special effort to reach out to Asian and Asian-American students. Of 16 students there who have committed suicide since 1996, 9 were of Asian descent.

The New York Times, December 3, 2004



## Persistent Underutilization

## Stigma and Shame

- The reluctance to use services is attributable to factors such as the **shame** and **stigma** accompanying use of mental health services, **cultural conceptions** of mental health and treatment that may be inconsistent with Western forms of treatment, and the cultural or linguistic inappropriateness of services (Sue & Sue, 1999).

(U.S. Department of Health and Human Services. (2001). Mental Health: Culture, Race, and Ethnicity-A Supplement to Mental Health: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, Public Health Services, Office of the Surgeon General)

## Underutilization of Mental Health Services

## Underutilization of Mental Health Services by AAPI

- Asian Americans Constituted 8.7% of Los Angeles County Population, But Only 3.1% of Mental Health Service Clients in Los Angeles County (Sue, et al. 1983-1988)

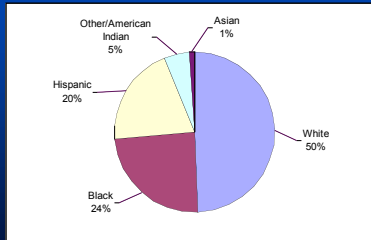
- Asian Americans Constituted 9.1% of San Diego County Population, but Only 3.6% of Mental Health Service Clients in San Diego County (Chen, et al. 1991-1994)

- AAPI populations re 3 times less likely than White populations to use available mental health services (Marsuoka, Breau, & Ryujiin, 1997) .

- Only 17% of Chinese Americans who experienced problems with emotions, anxiety, drugs, alcohol, or mental health in the past 6 months sought care; less than 6% of them saw mental health professionals, 4% saw medical doctors, and 8% saw a minister or priest. (Young, 1998).

## NYS Public Mental Health System Mental Health Utilization

### Ethnic composition of population served



Total persons served = 630,000

Source: Carpinello, S. (2004). Providing Quality Services in Culturally Diverse Settings. *Mental Health News*, Fall 2004, 9.

## Greater Delay of Treatment: Increased Severity

- Many studies demonstrate that Asian Americans who use mental health services are more severely ill than white Americans who use the same services. This pattern is true in many community mental health centers (Brown et al., 1973; Sue, 1977), county mental health systems (Durvasula & Sue, 1996 for adults; Bui & Takeuchi, 1992, for adolescents), and student psychiatric clinics (Sue & Sue, 1974).

(U.S. Department of Health and Human Services. (2001). *Mental Health: Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Services, Office of the Surgeon General)

## Access to Mental Health Services

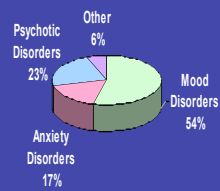
### Barriers To Care

- Lack of Access
  - Language
  - Economic
  - Education
- Lack of Identification
  - Cultural and Linguistic Mismatch
  - Focus on Somatic Symptoms
  - Family Shame and Guilt
  - Fear of Reprisal
- Lack of Treatment
  - Patient and Family Resistance
  - Lack of Providers
  - Models of Care Not Competent
  - Fragmented Services

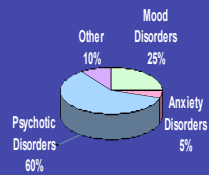
## Community Factors 2000 Statistics

### Over-Crowded Community Mental Health System

#### Distribution of Psychiatric Diagnoses in Bridge Program (CHC & FPCC)



#### Distribution of Psychiatric Diagnoses at a Community Mental Health Clinic



## What about Primary Care?

- Mental Disorders May Be Difficult to Recognize in busy primary care practice
- Lack of Training and Expertise with Mental Health Issues
- Encountering Patient and Family Stigma
- Somatic Problems that often Mask Psychiatric Difficulties

BUT

OPPORTUNITY FOR EARLY ENGAGEMENT and INTERVENTION!!

### Prevalence of Depression in Chinese Patients in Primary Care

- Using structured diagnostic interviews, 20% of 503 consenting Chinese adult patients met criteria for major depression (Yeung et al, 2004)

### Symptom Presentation: Somatization

- Asians are thought to deny the experience and expression of emotions. These factors make it more acceptable for psychological distress to be expressed through the body rather than the mind.
- Attention to the emotional and interpersonal symptoms or concerns are positively correlated with increased acculturation (Chen et al, 2003)

(U.S. Department of Health and Human Services, (2001). Mental Health: Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, Public Health Services, Office of the Surgeon General)

### Charles B. Wang Community Health Center

- A federally qualified community health center
- Established in 1970s
- Had 170,000 patient encounters and 34,700 patient in 2007
- Only community health center services Asian Americans (Chinese American) in NYC
- Providing Internal Medicine, Pediatrics, Women's Health, Mental Health, and Dental services.
- Has 307 F/T and 162 P/T employees

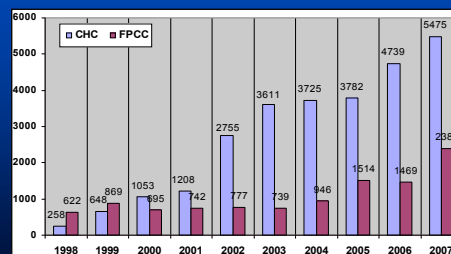
### A Bridge Between...

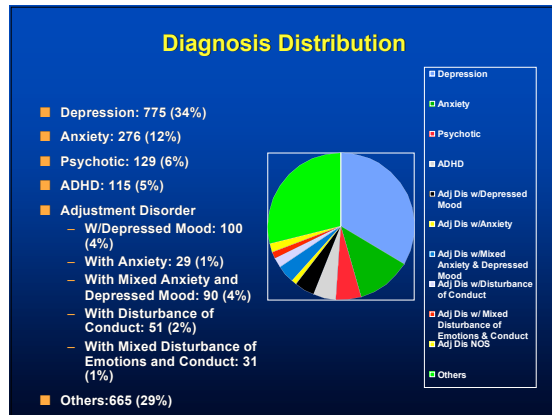
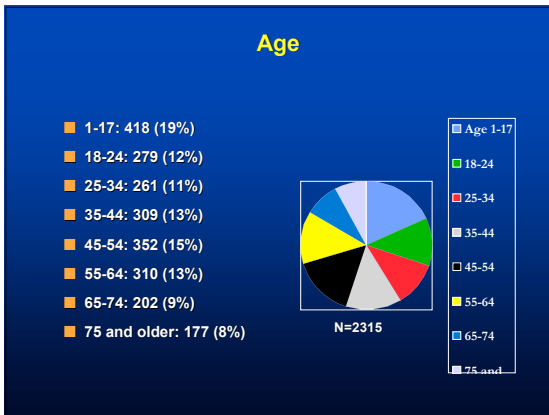
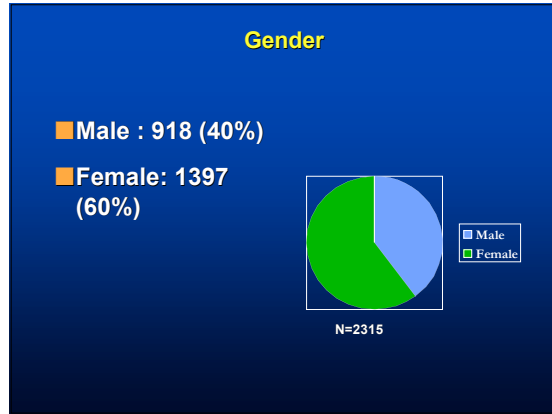
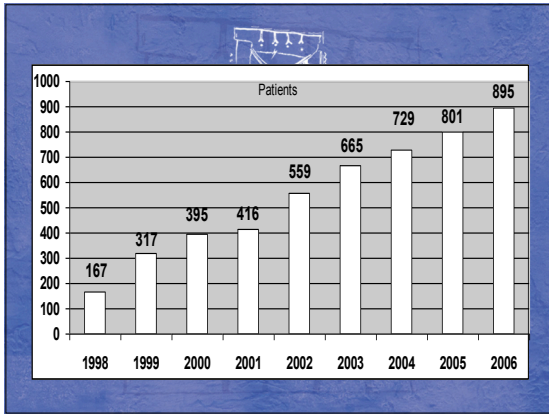
...Primary Care and Mental Health

- Training and supporting primary care physicians to provide mental health care
- Early detection and treatment of mental health problems
- Providing mental health care in a primary care setting
- Helping patients enter the specialty mental health system, if necessary

### On-site Mental Health Services 10 Years Later

### Number of Encounters





### Early Detections Strategies

- Adult Depression Screening and Treatment
- Pediatric Services:
  - ADHD Detection and Treatment
  - Adolescent Screening and Treatment

### Challenges

- Difficulties referring patients to specialty mental health clinics
- Primary care physicians request more services
- Community specialty mental health clinics are not accepting patients
- Medical professionals' bias attitude towards mental disorders

## Are We Doing Enough?

- “Commuting back to China to get treatment”
- “Yes, it is more than fifty percent.”
- “You don’t need them. They can not help you.”