The Bridge Program

An Effective Model of Providing Behavioral Health to Asian Americans

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Asian Americans

United States Population

New York State Population

New York State – Asian Groups (2000)

New York City – Asian Groups (2000)
Indicators of Needs

API Females Age 65 and Over still have Highest Suicide Rates

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

Prevalence of Depression Among Chinese Americans

Suicide and Death Ideation in Depressed Primary Care Elderly

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

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).


Underutilization of Mental Health Services

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 are 3 times less likely than White populations to use available mental health services (Marsuoka, Breaux, & Ryujin, 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).
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).

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-Crowed Community Mental Health System

- 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

OPPORTUNITY FOR EARLY ENGAGEMENT and INTERVENTION!!
Charles B. Wang Community Health Center
- A federally qualified community health center
- Established in 1970s
- Had 170,000 patient encounters and 34,700 patients 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

On-site Mental Health Services 10 Years Later

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 at al, 2003)

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)

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

Number of Encounters
### Age
- 1-17: 418 (19%)
- 18-24: 279 (12%)
- 25-34: 265 (11%)
- 35-44: 309 (13%)
- 45-54: 352 (15%)
- 55-64: 310 (13%)
- 65-74: 202 (9%)
- 75 and older: 177 (8%)

### Gender
- Male: 918 (40%)
- Female: 1397 (60%)

### Diagnosis Distribution
- Depression: 775 (34%)
- Anxiety: 276 (12%)
- Psychotic: 129 (6%)
- ADHD: 115 (5%)
- Adjustment Disorder
  - W Depressed Mood: 100 (4%)
  - W Anxiety: 29 (1%)
  - W Mixed Anxiety and Depressed Mood: 59 (4%)
  - W Disturbance of Conduct: 51 (2%)
  - W Mixed Disturbance of Emotions and Conduct: 31 (1%)
- Others: 665 (29%)

### 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."