

# New York Coalition for Asian American Mental Health

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## **TESTIMONY PRESENTED BEFORE THE COUNCIL OF THE CITY OF NEW YORK COMMITTEE ON MENTAL HEALTH, MENTAL RETARDATION, ALCOHOLISM, DRUG ABUSE, AND DISABILITY SERVICES October 8, 2002**

### **TOPIC**

#### **Culturally Competent Care for People with Mental Illness in New York City**

Good afternoon. I am Kin Wah Lee, President of the NY Coalition for Asian American Mental Health. The mission of the Coalition is to improve the quality of mental health care and services for Asian Americans; therefore, the Coalition welcomes and appreciates this opportunity to speak before this Committee.

As reported in Census 2000, Asians represent more than 10% of the total population in NYC, of which 22% are foreign-born. New York City ranked number one in having the largest Asian population in the U.S., far exceeding Los Angeles and San Francisco; however, while great strides have been made to improve care and access to services, New York still lags behind California and Hawaii in having well-developed inpatient and community mental health programs for their Asian American population.

We would like to highlight some barriers and challenges in providing culturally competent services to Asian Americans and suggest some opportunities for improvement

- **Barriers:** Research findings support the view that Asian Americans seek treatment only when the disorders are relatively severe and enter the system at a much later stage, thereby creating a need for more costly services. Reluctance and delay in seeking treatment can be partially attributed to the Asians' conception of mental illness and the shame and stigma associated with it. However, Asians, especially non-English speaking individuals, do not have equal access to the system of care due to language barriers, lack of familiarity with available services, lack of familiarity and trust in the Western health care system, lack of adequate insurance benefits, and also, simply, there are fewer organized services available to Asian Americans.

**Recommendations:** We need to organize and provide more community and family education about mental health and availability of services as well as to launch active campaigns to de-stigmatize mental illness.

Because of the stigma associated with the use of mental health services, more multi-service centers should be created in Asian-clustered locations, where mental health services could be embedded with legal, social services and language programs. These centers should operate during non-traditional hours, such as evenings and weekends, as many Asian

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clients would forgo the opportunity to seek help if they have to take time off from their job. It should be noted that many lower wage earners, such as factory or restaurant workers are paid by piece work or the hours actually worked; thus, time taken off from work translates into loss wages.

Hospital emergency rooms must have protocols in where they can be promptly provided with access to bilingual professionals or paraprofessional or trained interpreters so that non-English speaking patients can be properly and promptly assessed and evaluated.

- Barriers: Not unlike other ethnic minority groups, Asians tend to underutilize mental health services and have a significantly higher dropout rate than mainstream Americans. The high drop out rate is likely due to the lack of bilingual therapists and/or the inability of the therapists to provide culturally responsive forms of treatment. It is essential that treatments match or fit the cultural lifestyle or experience of the clients.

Recommendations: More research should be funded to study and understand alternative treatment and practice vs. mainstream treatment intervention so that evidence-based practice and performance-based models of care that target outcomes relevant to and culturally specific for Asian American groups can be identified and encouraged to be utilized. Epidemiological research and clinical studies which often exclude Asian Americans must be made more inclusive and methodology designs and measures culturally sensitive.

More bilingual bicultural ethnic therapists should be recruited into the mental health field and ongoing cultural and diversity education and training must be provided for mental health and social service providers.

Primary care providers must be made aware of cultural differences in the expression of mental disorders and should be trained to competently screen and identify possible psychological disorders so that proper and prompt referrals or intervention can be provided.

School systems must be staffed with counselors who are culturally competent or sufficiently competent to recognize when consultation should be sought for the students. However, it is important in school districts which service a large Asian American population to have on staff, bilingual bicultural counselors.

To address the shortage of culturally competent therapists, more bilingual bicultural students should be recruited into behavioral health studies through the offering of scholarship or loan repayment scholarship. And perhaps, adjustments in college admission criteria be made to accommodate lower English language skills for foreign-born students.

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To further supplement the shortage of bilingual bicultural clinicians, efforts should be made to develop and train bilingual mental health para-professionals.

- **Barriers:** Many Asian patients, although no longer requiring inpatient psychiatric care, still linger in hospitals because of the lack of suitable placement sites in the community. There are very few supervised community residents who can provide cultural and language appropriate care for these clients. For example, the hospital where I work, had recently tried to place a limited English-speaking Chinese patient into an adult home which has advertised itself as an “Asian friendly” agency in Flushing, Queens. However, when the patient was referred for an interview, this adult home returned the patient without completing the admission process because we did not send the patient to the interview with a Chinese interpreter.

As we are all shocked by the deplorable conditions featured in the recent exposé on the adult homes, it is even more unthinkable to wonder what kind of care or treatment these non-English speaking clients may be receiving. As I am sure that due to their lack of English proficiency, they can neither speak up for their needs nor to speak out against the possible neglect or abuse imparted upon them.

**Recommendations:** We need to develop more bilingual and culturally sensitive transitional and supported residential programs for these clients so that they can be promptly discharged from inpatient hospitalization as soon as they are ready.

It is important that culturally appropriate care and services be made a critical component of any program certification process and programs serving specific ethnic groups must pass rigorous standards to demonstrate their ability to meet the special needs of these patients.

Health care reimbursement must be tied into an organization's ability to properly provide culturally competent care, otherwise, it would lead to unnecessary prolonged length of stays with little hope for true recovery or rehabilitation for the recipients. These programs must comply with a minimum standard for the number of available bilingual bicultural mental health professionals and workers based on the percentage of ethnic clients being served in a program. Reimbursement structures must be adjusted to address special needs to offset the cost of hiring trained interpreters, recruiting and hiring bilingual staff, procuring cultural consultation and providing additional cultural and diversity training for staff as well as making special accommodations or adjustment to meet the needs of the clients.

Finally, in addition to the above, this Committee must keep in mind that the challenges of providing cultural competent care for people with mental illness in NYC also include a large group of undocumented aliens that we cannot simply ignore.

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I realized that we need to keep our statements brief, so I would like to leave you with these thoughts. The NY Coalition for Asian American Mental Health would gladly offer our support and assistance in any endeavor to understand the concerns and gaps in the current system and would very much like this to be the beginning of an ongoing dialogue so that we can become partners in our common mission to improve care and to develop a comprehensive system so that those in need are treated at the most appropriate level without incurring unnecessary cost because of cultural barriers.

However, like many non-for-profit organizations, our members are volunteers and they are there because they care. However, also like many non-for-profit organizations, we have very limited resources. Despite this, through generous donation of time, expertise and energy of our members, the Coalition has been able to provide an ongoing forum for mental health service providers and concerned individuals alike to network, share resources, ideas and knowledge on culturally competent modes of therapy. We have been successful in sponsoring free educational conferences and workshops for clinicians and social service providers on culturally competent care. We have been able to work with local, city and state agencies to help establish mental health services programs specifically designed to meet the needs of Asian Americans. For example, the Asian units at both Creedmoor Psychiatric Center and South Beach Psychiatric Center were established as a result of our working with the NYS Office of Mental Health.

We have been able to achieve a great deal with very limited resources and hope that we have been successful in fulfilling gaps in the continual process to improve care. The value of our existence should not be underestimated. However, without concrete resource and support, members such as myself, for instance, who have to take vacation time off from our day job to be here today and to have to devote countless hours after work to manage the activities of the Coalition can easily get burned out. We strongly recommend that funding be available to support non-for-profit community and professional organizations such as ours so that their unique understanding and insights into these issues can be harnessed and be made part of the system's strategy to improve care and services.

Respectfully Submitted,

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