Mental Health Challenges Within the Asian American Community

Ruby Guo, Class of 2019, Department of Molecular Biology
Apicha Community Health Center, New York, NY
Funded by Princeton’s Global Health Program (GHP) and Center for Health and Wellbeing (CHW)

Introduction
Data from the National Latino and Asian American Study found that Asian Americans are three times less likely to seek mental health services than their white peers. Additionally, among Asian Americans, children of immigrants are more likely to be depressed than those with U.S.-born parents. Literature has shown that there is a higher rate of mental health challenges among second-generation female Asian Americans than other Asian American identities. Interestingly, very little research has been conducted on the underlying reason for these differences.

Objective of the Study
To better understand mental health challenges within the Asian American community.

Specifically:
- To learn about the unique experiences of Asian Americans struggling with mental health challenges
- To understand how race, gender, immigration, and nativity contribute to these experiences

Ethnographic Vignette
In total, I’ve interviewed 6 MHPs, 2 U.S.-born Asian American males, 6 U.S.-born Asian American females, 1 first-generation Asian American male, and 2 first-generation Asian American females. Here, I describe an interview I had with a college student who was born in New York City and continues to struggle with depression.

It was about 6:45pm when I started to worry that she wouldn’t show up. I checked my email again to be sure that I hadn’t missed anything, but my empty inbox gave nothing away. Running through all the possibilities in my mind, I wondered — did she decide to flake at the last moment? Did I seem intimidating when we met at the health clinic? I had stressed that the interview was completely open to topics she was comfortable talking about, to which she had nodded and said that she just wanted to help in any way she could.

I spotted her when she was half a block away, frantically squeezing between families and couples meandering along the sidewalk. She was wearing a small black skirt and blouse, a stark contrast to the athletic clothes she had been wearing at the clinic. She was carrying a small purse adorned with a keychain that was about the size of a grapefruit. As she got closer, I saw that it was a large rabbit keychain — it reminded me of the rabbit’s foot my mother had given me when I was younger.

She smiled brightly when she saw me and quickly began to explain that she had gotten on the wrong subway, and then walked the wrong way when she did finally get to the right stop, and that she had “absolutely no sense of direction.” I reassured her that I had no plans for the rest of the evening and had been looking forward this meeting for the past week. As we walked towards the café, she filled the silences in our conversation with chatter and laughter. She was, in every sense of the word, bubbly, yet I sensed that she was hiding social anxiety beneath the artificial levity.

There were a surprising number of patrons — many were seated in the couches towards the center of the lounge, chatting quietly. The body language between those engaged in these conversations, I noticed, was often mirrored. I wondered which interaction we would have — would we lean in towards each other, or would we both lean back and create space? Would our words pour out rapidly, or would we adopt a slower, more relaxed exchange? I had always been captivated by these intangible aspects in conversations, and these interactions were no exception.

The way she described her struggles with mental health demonstrated a thoughtfulness and level of introspection that I had not, thus far, found in talking with the male participants I had managed to recruit. What really struck me was how candid she was. From speaking about her traumatic childhood to describing her nightmarish experience with antidepressants, she provided anecdotes and elaboration without any prompting on my part. She kept her voice low while talking but gestured wildly, laughing at appropriate times. From an outsider’s perspective, it must have seemed like we were talking about something pleasant — gossiping about the new girl in class, or perhaps a forbidden crush?

Conclusion
While further studies to recruit more participants are necessary, based on preliminary results:
- U.S.-born Asian Americans face a more homogenous set of problems, while immigrant Asian Americans face a more diverse range
- U.S.-born Asian Americans are more willing to talk about their experiences than immigrant Asian Americans
- Asian American women appear to be more reflective about their emotions

Future Plans
- Expand geographic scope of study
  - Queens, NY
  - Chinatown, Los Angeles
- Conduct more interviews
  - Focus on recruiting immigrant Asian Americans
  - Focus on recruiting men
- Work with MHPs to further understanding of these topics

Acknowledgements
I would like to thank:
- Professor Krauss for tirelessly guiding me throughout the project
- Professor Fernandez-Kelly and Professor Alin for advising me
- Apicha for making my summer wonderful and giving me insight into mental health issues
- GHP and CHW for funding my summer and providing me this amazing opportunity

While no pictures could be taken in the health clinic itself, these are images captured in recreational areas in Chinatown. I was able to explore the area and familiarize myself with the community during my time in New York.