

# Suffering in Silence: Addressing Counseling Needs of Asian American and Pacific Islander Students

# Program Outline

- \* Perceptions/Statistics related to mental health
- \* Cultural barriers to accessing/utilizing mental health resources
- \* Addressing mental health needs

# Perceptions/Statistics

- \* 17% of AAPI population in United States are university students (Shea & Yeh, 2008)
- \* “model minority” perception
- \* Many AAPI college students struggle with psychological distress (Abe-Kim et al., 2007; Lee et al., 2009)
- \* Ages 15-24: significantly higher suicidal rates than other racial/ethnic groups of the same age range (CDC, 2008)

# Cultural Barriers to Mental Health Resources

- \* Link to individual & familial shame (Kung, 2004; Lee et al, 2009)
  - \* consequence of bad thoughts, lack of will power and self-control, and/or personality weakness
  - \* Stigma – loss of face & status
- \* Research indicates higher preference for counselors who share same ethnic background (Frage et al, 2004; Lee et al., 2009)
  - \* Lack of Asian / Pacific Islander counselors in mental health fields

# Exploration of Other Options

- \* Individual attempts to change behavior / feelings
  - \* Self-control & willpower
  - \* Distraction
- \* If “fail” individually then may approach nuclear family (then possibly extended family)
- \* External support often sought only after all other resources exhausted (or forced to do so – e.g. legal)
  - \* May first present to a physician

# Attitudes Toward Counseling

- \* Female-identified individuals report more positive attitudes than male-identified individuals (Gloria et al., 2008; Yeh, 2002).
- \* Attitudes more positive among younger generations (Gloria et al., 2008; Yeh, 2002).
- \* Higher levels of assimilation promote more positive attitudes (Han & Pong, 2015)



**How do we address needs?**