NEW YORK — In a small reception area of the Henry Street Settlement’s Community Consultation Center in Manhattan’s Lower East Side, a couple of young Asian women sit far apart from each other on maroon chairs lined up against the wall.

One is busy browsing on her cell phone in a corner, while the other watches absentmindedly at the water leakage from the ceiling trickling into a large bucket in front of them.

Except for clearing their throats and intermittent coughing, not a sound passes between them.

“Miss Lee, your case manager is now ready to see you,” the receptionist calls, looking directly at the woman with the cell phone. “You know where she is.” The woman gets up and walks silently into a room across the way. She shuts the door behind her.

In the Asian American community, where mental health issues are shrouded by stigma and shame, such silence can sometimes be the first step to dealing with psychological struggles.

“Everything here is highly confidential,” according to Wen-Chun Hung, Personalized Recovery Oriented Services (PROS) Program coordinator at the Community Consultation Center, housed on the ground level of a residential building just a few yards from the East River. “Even our sign outside does not say ‘mental health’ to make our clients more at ease.”

The Center is a state-certified mental health and primary healthcare facility that serves a large number of Asian immigrants in the area.

Hung says about 50 people come to the Center every day, and that some 70 percent of them are Asian. Patients come with an array of issues: depression, anxiety disorder, substance abuse, suicidal tendencies and psychiatric disorder.

But after more than 13 years on the job, Hung believes the number of Asian American visitors should be considerably higher.

Of New York’s 8 million residents, Asian Americans account for roughly 11 percent. But according to a 2011 report by the New York State’s Office of Mental Health, just about 6,600 individuals of Asian descent sought mental health treatment through Medicaid or other public health services.

“That’s really, really low,” Hung said. “It’s almost like saying that not many Asian people have mental health problems … that number is definitely underrepresented.”

**Immigration stressors**

Three decades of mental health research shows that Asian Americans, immigrants in particular, exhibit a high number of depressive symptoms, according to a 2011 report by the University of Hawaii.

Some have fled violence and turmoil in their home countries, making them more vulnerable to post-traumatic stress disorder or PTSD. Chinese, Filipino, Japanese and Korean immigrants, the report adds, have consistently shown higher rates of depression than whites.

Reshma Shah is a social worker for the Child Center of NY’s Asian Outreach Program, in the largely immigrant Elmhurst neighborhood of Queens. She says many immigrants lose the support system they had back in their home countries, and often experience such stressors as having to learn a different language and adapt to a totally new system.

*They may not have had mental health issues before coming to the U.S. But when we add up all the stressors, the symptoms start to come...
said at a recent briefing with New York City’s ethnic media, held by the Coalition for Asian American Children and Families and New America Media.

Asian immigrants also have to live up to the myth of being a “model minority,” says Katherine Kam, a veteran journalist who has spent time researching mental health in the Asian American community. She says this stereotype often masks deep-seated mental health issues from those outside the community.

“There’s a perception out there that because we are the model minority, all of our children are doing well, they are academic achievers,” Kam said at the briefing. “So mental health issues [become] kind of an invisible problem.”

In a yearlong study, Kam found that to be true both in and out of the home.

“When children are depressed, they cope alone. They don’t ask their parents for help,” she said. “Most parents work long hours … and may not get home until 11 at night. Essentially, their children are living separate lives.”

Kam cited findings of a survey conducted by the Charles Wang Community Center [URL: http://www.cbwchc.org/] in Manhattan that looked at more than 1,000 Chinese Americans teens, ages 12-18. The results showed some 12 percent with signs of depression.

“That statistic is alarming for me and yet when you ask the parents whether their children need help, a lot of the parents would say ‘no,’” Kam said.

**ACA expands care**

Mental health advocates say President Obama’s Affordable Care Act (ACA), which expands benefits to individuals facing mental health challenges, could go a long way in reaching those in the Asian American community in need of help.

“This is really important because the Asian Pacific Islander (API) community, historically, has had a lot higher rate of uninsured individuals as compared to the general population,” said Andrew Leonard, senior health policy associate at New York City-based Children’s Defense Fund.

Data shows that one in eight Asians in New York are without insurance, and that 83 percent of these are immigrants. The figures are higher for Koreans and Vietnamese.

But thanks to the ACA, Leonard says an additional 20,000 Asian children in New York City will gain coverage. By 2016, he estimated that over 2 million nationally would have access to care.

**Finding solutions**

Advocates say that with the ACA expansion, medical practitioners need to develop culturally and linguistically sensitive approaches to increasing awareness and combating the stigma associated with mental health within the Asian community.

Shirley Xie has spent a decade as a case manager at the Community Consultation Center in Manhattan. She says communicating in a more personal way works well with her clients.

“They listen and get what the problem is,” she explains. “I explain to them that it is just like any kind of health condition — it’s like having diabetes.”

As importantly, Xie says doctors need to recognize the financial constraints many immigrants labor under.

“Of the over 200 cases that I handle, most not only they have mental health challenges, but also financial problems,” she said. Some are also undocumented immigrants, she added, making their situation even more precarious.

One of her clients, Xie says, lives in a small apartment with more than 10 extended family members spread out over five generations.

“They don’t even know that being with 10 people in a studio apartment is … illegal,” she said. “A lot of them came from small villages in their home countries, so it can be hard for them to understand the system. For them, as long as they have a job in a garment factory or a restaurant, things will be OK.”

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